



49th District Agricultural Association

Release and Waiver of Liability Agreement

I, ("Participant"), acknowledge that I have voluntarily applied to (Please print full name)
participate in the following activities at the Lake County Fair:

Lake County Fair

I am aware that these activities are hazardous activities, and that I could be seriously injured or even killed. I am voluntarily participating in these activities with the knowledge of the danger involved, and agree to assume any and all risks of bodily injury, death, or property damage, whether those risks are known or unknown.

- * I verify this statement by placing my initials here: .____
- * Parent or guardians initials (if under 18 years):_ . ____

As consideration for being permitted by the Fair, and the State of California, the County of Lake (the "County"), and any lessor of the fair premises ("Lessor"), to participate in these activities, and use their facilities, I the exhibitor (or parent or guardian of a minor) agrees to defend, indemnify and hold harmless the Fair, the County and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Fair, the State, the County and the Lessor, sign it of my own free will.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed in _____ California on _____ 2024 . (City) (Date/Dates)

Participant Signature:

Address:

City, State, Zip:

Phone #:

Parent or Guardian

Parent (Print)_ _____

Parent Signature: _____

If you are under 18 years of age, you and your parent or guardian MUST sign and initial this form where indicated.