

***Waiver Release of Liability and Indemnification
Exhibitors / Parents / Legal Guardian and Attendees***

EATON COUNTY AGRICULTURAL SOCIETY

Exhibitor

Parent / Guardian

Address

Phone

Please Print

WAIVER OF PHYSICAL DAMAGE OR INJURY

The Eaton County Agrucultural Sociaty (ECAS) strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard . Participants and parents registering their childern in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities . The ECAS continually strives to reduce such risk and insists that all participants follow safety rules and instructions which are designed to protect the participant's safety .

Please recognize that the ECAS does not carry medical accident insurance for injuries sustained in its programs, insurance for physical damage to a participant's property nor liability coverage arising out of the use of a participant's property .

The ECAS requires execution of the following Waiver and Release . Your cooperation is greatly appreciated .

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that by registering yourself and/or ward to participate in this/these program (s) , you will be waiving and releasing all claims of injuries , damages of loss , or claims your ward might sustain through participation in this/these program (s) held or conducted on the Eaton County Fair Grounds .

As a participant or the parent/guardian of a participant in these programs , I recognize and acknowlege that there are certain risks of physical injury , and I agree to assume the full risk of any injuries , damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the programs .

As a participant or the parent/guardian of a participant in these programs , I will abide by all rules and regulations set forth by the ECAS as they pertain to the activity (s) that I am participating in and governing my conduct while on the Fair Grounds .

I further recognize and acknowledge that there are inherent risk with any public contact of encountering the Coronavirus and acknowledge that by participating in this/these program (s) I/we may be exposed to health risk associated with the Coronavirus that may result in illness . The ECAS cannot control or prevent this risk . I agree to abide by the guidelines set forth by the State of Michigan for the Coronavirus and that are in effect at the time of my program and will be solely responsible for my and my wards compliance with them .

I further agree to indemnify , hold harmless , and defend the ECAS , the Eaton County Fair Board , City of Charlotte , and the respective officials , agents, servants , representatives , volunteers , employees and board members from any and all claims for injuries , damages or loss sustained by me or my ward arising out of , connected with , or in any way associated with the activities of the programs .

In the event of any emergency , I authorize program officials to secure from any licensed hospital , physician and/or medical personnel any treatment deemed necessary for me or my ward's immediate care and agree that I will be responsible for repayment of any and all medical services rendered .

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM
DETAILS , WAIVER AND RELEASE OF ALL CLAIMS , AND PERMISSION
TO SECURE TREATMENT**

Exhibitor _____ *Date :* _____
Signature

Parent / _____ *Date :* _____
Legal Guardian Signature