

Ag Olympics

During Community Night



Group/Team Name: _____

Team's Adult Contact Information

Name: _____ Phone: _____

Email: _____

Participant Name: _____ Age: _____

Phone: _____

Address: _____

Parents Name: _____ Phone: _____

Participant Name: _____ Age: _____

Phone: _____

Address: _____

Parents Name: _____ Phone: _____

Participant Name: _____ Age: _____

Phone: _____

Address: _____

Parents Name: _____ Phone: _____

Participant Name: _____ Age: _____

Phone: _____

Address: _____

Parents Name: _____ Phone: _____

Participant Name: _____ Age: _____

Phone: _____

Address: _____

Parents Name: _____ Phone: _____

Montrose County Fair Entry Form

Must return entry form with waiver

Rules:

- Date and time: **During Community Night, Tuesday, July 24th.**
- Limited to the first 8 teams
- Entry Forms: available in the Extension Office before the Fair, in the Fair Board Office during the Fair, and online at montrosecountyfairandrodeo.com.
- **Entry forms will be taken Sunday, July 22nd from 9am to 2pm and Monday, July 23rd from 9:00am to 6:00pm**
- Waiver: A liability waiver is required to participate. Waivers are available in the Extension Office before the Fair, in the Fair Board office during the Fair, and online at montrosecountyfairandrodeo.com.
- For more information, contact the Fairgrounds office at 970-252-4358
- Participants must be between 12-18 years old.

MONTROSE COUNTY FAIRGROUNDS AND EVENT CENTER

PARTICIPANT ACTIVITY AND EVENT -LIABILITY WAIVER AND RELEASE-2018 MONTROSE COUNTY FAIR

Participant Waiver and Release

I, _____ (name), hereinafter "Releasor" acknowledge and assume responsibility for myself and/or my animal against any and all injuries or damages, which may occur as a result of participation in activities or events, including those which involve animals. *This includes, but is not limited to, any and all riding events on the Montrose County Fairgrounds and Event Center. I fully understand that participating in Fair events and activities, including those involving animals, may involve increased risks or dangers to me, including should I choose not to wear a safety helmet; or to any animal that I may use in participating in the activity or event.*

WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §13-21-119 (5) (b) of the Colorado Revised Statutes.

I hereby release and waive any and all liability, claims, demands, losses, damages, costs, expenses, attorney fees, judgments of any kind whatsoever against, and will indemnify, save and hold harmless those associated with the organization or production of the 2014 Montrose County Fair, including but not limited to, Montrose County, the Montrose County Fair Board, Colorado State University Extension, 4-H Leaders and all their respective members, volunteers, representatives, officers, officials whether elected or appointed, employees, attorneys, insurers, agents, assigns of each named entity, and Fair organizers (collectively "Releasees"), in connection with, arising out of, or by any reason related to participation in events or activities, including those involving animals of any type, associated with the 2018 Montrose County Fair.

By my signature, I attest that I have the legal authority to grant this Consent for Participation on behalf of the minor named below. I hereby grant consent for said Minor to participate in event(s) or activities, including those involving animals, including but not limited to equine activities, at the 2018 Montrose County Fair. **I have read all provisions of this waiver and release, and understand and agree to its terms. I have signed it freely and voluntarily, and knowingly assume the risks or dangers of the Minor's participation in events or activities of the 2018 Montrose County Fair, including but not limited to, those involving animals of any type.**

Printed Name of Minor: _____ **Age:** _____

Minor's Address (if different from Releasor): _____

Printed Name of Releasor: _____

Address: _____

Telephone: _____

Signature of Releasor: _____ **Date:** _____

Relationship to Minor: _____

Print Parents Name, Address and Telephone Number if different from Releasor: _____
