

Agreement Assuming Risk of Injury or Damage Waiver and Release of Claims and Indemnity Agreement

I, _____ (being/not being) over the age of eighteen have made a voluntary request to participate in the current years Waupaca County Horse and Pony Project activities conducted at the various locations noted on the project schedule.

In consideration of the permission given to me to participate in the Waupaca County Horse and Pony Project on January 1st through December 31st, of the current year.

I do hereby agree:

1. That I am aware that participation in the horse and pony project is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by such participation. I freely, voluntarily, and with such knowledge assume the risk of death, personal injury or property damage arising from, or in any way connected with, such participation.
2. That Waupaca County Horse and Pony Project, all members and leaders of the 4-H Organizations, Waupaca County, Waupaca County U. W. Extension, the Waupaca County Fair Board and the Manawa Lions Club, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while participating in the Waupaca County Horse and Pony Project.
3. For myself, my heirs, executors, administrators and assigns, to defend and indemnify the Waupaca County Horse and Pony Project, all members and leaders of the 4-H Organizations, Waupaca County, Waupaca County U. W. Extension, the Waupaca County Fair Board and the Manawa Lions Club, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debt claims, demands, or damages or liability or expense of every kind and nature, incurred or arising be reason of, any actual or claimed negligent or wrongful act or omission of mine while participating in the Waupaca County Horse and Pony Project activities throughout the year.

Name of Exhibitor/Participant (Please Print): _____

Signature of Exhibitor/Participant: _____

Address _____ State _____ Zip _____

Phone _____

Signature of Parent or Guardian (if under 18) _____

Date: _____