

**Butte County Fair Association Program
Registration & Participant Waiver Form**

Participants

Last Name: _____ First Name: _____
Telephone # Home - _____ Work - _____ Age: _____
Address: _____ City: _____ Zip: _____
Boy () Girl () Birthdate: _____ Grade: _____
Name of Activity: Swimming Lessons

Complete the following information on whom to contact immediately if parents cannot be reached.

Name: _____ Telephone # _____

**Butte County Fair Association
Participant's Waiver, Release, Assumption of Risk and Indemnity Agreement**

I have carefully read description of class(es) for which I/we are registering and in consideration for being permitted by the Butte County Fair Association to participate in the activity listed above. I hereby waive, release and discharge and all claims for damages for personal injury, death or property damage which I any have or which may hereafter occur to me as a result of participation in said activity. This release is intended to discharge in advance the Butte County Fair Association (its officers, employees and agents) from all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver releases and assumption of risk is to be binding on my heirs. I agree to indemnify and to hold the above persons or entities free and harmless from loss, liability, damage, cost or expense which they may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE BUTTE COUNTY FAIR ASSOCIATION.

Signature of Participant (IF ADULT) _____ Date: _____

FILL OUT ONLY IF PARTICIPANT IS A MINOR

I hereby consent that my son/daughter, listed above, participate in the activity listed above and I hereby execute the Agreement, Waiver and Release on his/her behalf. I state that the said minor is physically able to participate in the said activity. I hereby agree to identify and hold the persons and entities mentioned above free and harmless from any loss, liability damage, cost or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE BUTTE COUNTY FAIR ASSOCIATION.

Date: _____ Signature of Parent/Guardian : _____

PRINT NAME OF PARENT OR GUARDIAN _____

I hereby give my consent to have the above participant treated by a physician or surgeon in case of illness or injury while participating in the above event. It is understood that the Butte County Fair Association provides no medical insurance for such treatment, and the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness may require the use of emergency medical personnel.

Name of Personal Physician: _____

Doctor's Telephone Number: _____

Signature of Participant or Parent/Guardian : _____

Office Use Only	Date: _____	Receipt # _____	Initials _____
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