RELEASE AND WAIVER OF LIABILITY AGREEMENT

35-A District Agricultural Association Mariposa District Fair Horse Shows

I,, Horse Show at the Mariposa District Fai	("Participant") ack r ("The Fair").	nowledge that I hav	we voluntarily applied to participate in the
	gree to assume any	and all risks of bod	ntarily participating in these activities with dily injury, death or property damage. I verify
facilities, I hereby agree that I, my assign not make a claim against, sue or attach the organizations for injury or damage result agent, or contractor of the Fair or the Sta in the activities described above. I forev	nees, heirs, distribute the property of the Fa ing from the negligate te of California or a ter release the Fair a ands that I, my assign	ees, guardians, nexair or the State of Cence or other acts, any of their affiliate and the State of Calaes, heirs, distributes.	however caused, by any director, employee, ed organizations as a result of my participation ifornia and any of their affiliated organizations tees, guardians, next of kin, spouse and legal
I understand that the wearing of an approposition to wear a helmet I do so of my (and r			optional unless otherwise stated. If I choose own free will and at my own risk.
I understand and agree that I am responsi for any property damage or personal inju		•	ile on the fairgrounds and that I am responsible cause.
I have carefully read this agreement and contract between myself and the Fair and free will.			are that this is a release of liability and a filiated organizations and sign it of my own
Executed at	, California on		, 2018
IF YOU ARE UNDER 18 YEARS OF INITIAL THIS FORM WHERE IND		YOUR PARENT	OR GUARDIAN MUST SIGN AND
PARTICIPANT/RELEASOR		PARENT OR GUARDIAN	
Signature		Signature	
Please accept the entries describe Exhibitor's Handbook for the 2018 Waiver of Liability Agreement.			
PRINTED NAME OF EXHIBITOR (LEGAL OV	VNER):		
SIGNATURE OF OWNER OR AGENT:			
MAILING ADDRESS:	TELEPHONE:		
CITY/STATE/ZIP:			AGE AS OF 01/01/2018
EMAIL ADDRESS:			(If under 18 years old)
SIGNATURE OF PARENT/GUARDIAN FOR EXHIBITORS UNDER 18 YEARS OF AGE: _			
If you are a member of a team please list th	e following:		
Name of Event: (Circle one)	Team Roping	Calf Branding	Team Penning
Print the names of all team memb	pers / partners:		