## RELEASE AND WAIVER OF LIABILITY AGREEMENT

## 35-A District Agricultural Association Mariposa District Fair Horse Shows

I,	Participant") ackno ("The Fair").	wledge that I hav	e voluntarily applied to participate in the
I am aware that the <b>Horse Show</b> events are knowledge of the danger involved, and agr <b>this statement by placing my initials here</b> <b>Parent or guardian's initials (if under 18</b>	ee to assume any an	d all risks of bod	ily injury, death or property damage. I verify
not make a claim against, sue or attach the organizations for injury or damage resultin agent, or contractor of the Fair or the State in the activities described above. I forever	es, heirs, distributeer property of the Fair g from the negligent of California or any release the Fair and s that I, my assignee	s, guardians, next for the State of Coce or other acts, he y of their affiliated I the State of Cali es, heirs, distribut	of kin, spouse and legal representatives will alifornia or any of their affiliated nowever caused, by any director, employee, d organizations as a result of my participation fornia and any of their affiliated organizations ees, guardians, next of kin, spouse and legal
I understand that the wearing of an approve not to wear a helmet I do so of my (and my			optional unless otherwise stated. If I choose own free will and at my own risk.
I understand and agree that I am responsible for any property damage or personal injury			le on the fairgrounds and that I am responsible cause.
I have carefully read this agreement and fu contract between myself and the Fair and the free will.			
Executed at	, California on		, 2021
IF YOU ARE UNDER 18 YEARS OF A		OUR PARENT	<u>OR GUARDIAN</u> MUST SIGN AND
PARTICIPANT/RELEASOR		PARENT OR GUARDIAN	
Signature		Signature	
Please accept the entries described Handbook for the 2021 Mariposa Fai Liability Agreement.			
PRINTED NAME OF EXHIBITOR (LEGAL OWN	ER):		
SIGNATURE OF OWNER OR AGENT:			
MAILING ADDRESS:	TELEPHONE:		
CITY/STATE/ZIP:			AGE AS OF 01/01/2021
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 the	following:		
Name of Event: (Circle one)	Team Roping	Calf Branding	Team Penning
Print the names of all team member	s / partners:		