Bonner County Fairgrounds

Participant Liability Waiver

EVENT: BONNER COUNTY FAIRGROUNDS - OPEN RIDING

Date: JULY 2ND, 9TH, 16TH, 23RD 2025

Location: Bonner County Fairgrounds. 4203 N Boyer Ave. Sandpoint, ID

I, THE UNDERSIGNED expressly agree to indemnify and hold harmless, the Bonner County Fair Grounds, Bonner County, the Sponsors, and their officers, agents, officials, or employees from any and all liability, loss, or damages that they suffer as a result of claims, demands, actions, damages, or injuries of any and every kind or nature whatsoever, which may result from, arise out of, or are in any way connected with my participation in the listed event.

I FURTHER AGREE, to indemnify and hold harmless, the Bonner County Fair Grounds, Bonner County, the Sponsors, and their officers, agents, officials, or employees from any claims of liability by any person or persons by reason of any claims of liability of which I am involved in and at my own expense I will defend the afore-named individuals or corporations, in any suit or proceeding attempting to establish any liability whether or not the same be well founded, and will further hold the Bonner County Fairgrounds, Bonner County, the Sponsors, and their officers, agents, officials, volunteers, or employees harmless from any damages.

I UNDERSTAND that I am entering and/or participating in the listed event at my own risk, that fair and rodeo activities, including but not limited to motor vehicle sports, events involving animals, riding, roping, etc., are inherently dangerous, and that it is my responsibility to have medical and all other appropriate insurance as there is not medical coverage for any injuries I may suffer or damages which may occur.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND ALL RULES AS PART OF PARTICIPATION TO INCLUDE ANY APPLICABLE SAFETY RULES AND THAT I UNDERSTAND THAT THIS IS A LEGAL AND BINDING DOCUMENT AND THAT I ASSUME THE RESPONSIBILITY SET FORTH IN THIS DOCUMENT.

DATED this ______, _____,

Participant Name (Print)

Participant Signature

SEE REVERSE RELATING TO MINOR PARTICIPANTS. SIGNATURE OF PARENT/GUARDIAN IS REQUIRED.

If applicable, as parent/legal guardian of the above individual (less than 18 years of age), I hereby authorize the individual to participate in the EVENT listed on this waiver. I acknowledge that I have read and understand all the conditions of this waiver. I also hereby waive and forever discharge claims for damage or injury which the above listed individual, their heirs, executors, and administrators may have or accrue against Bonner County Fairgrounds, Bonner County, the Sponsors, and their officers, agents, officials, volunteers, or employees, arising from any damages or injuries, physical or mental, suffered in connection with exhibition at the location listed on this waiver.

Parent/Guardian Name (Print):_____

Parent/Guardian Signature Required:	Date: