

**BRAZORIA COUNTY FAIR
2024 YOUTH RODEO SERIES
RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT
(To be completed by all participants)**

Participating in events for February 17th, April 13th, May 18th, June 6th, July 13th and August 3rd, 2024

THE UNDERSIGNED, with the intent of binding myself, my spouse, if any, and my heirs, legal representatives and assigns, do hereby execute this release. In consideration of the privilege of competing in the Brazoria County Fair Youth Rodeo Series, I release and discharge Brazoria County Fat Stock and Fair Association, Inc., its successors and assigns, Brazoria County, and all their officials, employees, personnel, legal representatives, and assigns, from any and all claims, present and future, known or unknown, in any manner arising out of property damage and personal injuries sustained by me as a result of competing in competition sponsored by, or utilizing facilities owned by Brazoria County Fat Stock and Fair Association, Inc., and Brazoria County.

Participant's/Contestant's Name

Signature of Contestant

Age: _____
(As of January 1, 2024)

Mailing Address

City, State, Zip

_____, parent/guardian of contestant, who has signed the foregoing release for entrance in the Brazoria County Fair Youth Rodeo Series and upon their oath deposes and say: OUR SON OR DAUGHTER, contestant above, is capable of rodeo performance and hereby give permission for him/her to participate in any event in said rodeo, and do hereby release Brazoria County Fat Stock and Fair Association, Inc. stock contractors and owners, and all of their officials, employees, representatives, and all other personnel connected with said event, for any and all liability in case of accident or injuries or damages to said contestant or his/her equipment, etc. and if said contestant is injured, hereby give permission and consent for him/her to be carried to a hospital and given treatment by any doctor or hospital or his or its personnel, and hereby release said doctor, hospital and personnel for transporting contestant to hospital and administering necessary treatment, if any.

SIGNATURE – Parent or Guardian