

DOUGLAS COUNTY, COLORADO FAIRGROUNDS
RELEASE AND WAIVER OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT

Event: 2023 Douglas County Fair & Rodeo – Hometown Rodeo **Event Date:** July 29, 2023
Event Location: Douglas County Fairgrounds, Castle Rock, Colorado

In consideration for being permitted to participate in this Event, I, for myself (if eighteen-years old) or on behalf of the participant (if aged eight-years old to less than eighteen-years old) as the participant's adult parent or legal guardian, consent to my or the participant's participation in the Event, and thereby acknowledge and voluntarily agree to the following:

Assumption of Risk. I fully understand the risks associated with participating in or allowing participant to partake in this Event and that interacting with live animals is inherently unpredictable and potentially dangerous. Animal reactions to strange sounds, surroundings, different handlers to include participants, and sudden movements cannot always be anticipated nor controlled. Thus, participation involves risk of personal injury, but not limited to, skin lacerations, concussions, broken bones, muscle injuries, other serious injuries, or in extreme circumstances, death. By signing, I fully understand that these injuries may not only result from my or the participant's own action, inactions or negligence, but also from the actions, inactions or negligence of others; and I voluntarily agree to assume all risks associated with participation in the Event, which may involve risk of personal injury including death, economic loss, property damage, or loss resulting from my or the participant's own actions, inactions, or negligence; the unpredictability of animals; the actions, inactions, or negligence of others; and the condition of the facilities, equipment, or areas where the Event is being conducted.

Covenant Not to Sue. I agree that neither myself, the participant, any personal and legal representatives, heirs, successors, nor next of kin, individually or through a legal representative, will make any claim against Douglas County, Colorado, its present or former commissioners, officials, officers, directors, agents, employees, volunteers, or their respective successors, heirs and assigns for any injury, damage, death, or any other loss arising from or related to participation in the Event.

Release. The participant's personal and legal representatives, heirs, successors, and next of kin, forever release, waive, discharge, relinquish and indemnify from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney's fees, judgments, liens, indebtedness, and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by the participant in any way connected to, related to, or arising out of participant's participation in the Event, regardless of any negligence of Douglas County.

Good Health. The participant is in good health and has no physical condition that would prevent participation in the Event or that would increase the risk of serious injury or death. I have had the opportunity to seek medical advice for any concerns I may have had regarding the participant's health.

Statutory Limitation on Liability. I understand that under Colorado Law, equine professionals or equine activity sponsors are not liable for injury due to death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to § 13-21-119, Colorado Revised Statutes.

I have carefully read this Agreement and fully understand its contents. I am aware that I have given up substantial rights of the participant by signing the Agreement, and I am signing the Agreement voluntarily. There is no obligation to participate in this Event, but I desire to do so or to allow such participation. I certify that I am at least eighteen years of age and the participant or his/her parent/legal guardian as defined in § 19-1-103, C.R.S.

Name of Participant: _____ Parent/Guardian (if minor): _____

Address: _____

Email: _____

Signature of Adult Participant/Parent/Legal Guardian: _____

Executed at: Castle Rock, Colorado on _____, 2023.

Emergency Contact Name and Phone Number: _____