

ERIE COUNTY AGRICULTURAL SOCIETY  
RELEASE

Name of Participant: \_\_\_\_\_.

Participating in the following Event or Competition: 2021 Sheep Camp

Date of Event or Competition: \_\_\_\_\_.

In consideration of my entry being accepted, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive release and forever discharge any and all claims and rights I have which may hereafter occur against the Erie County Agricultural Society (the "Society"), its directors, officers and employees for any and all damages, injuries, losses or claims which may be sustained by me in connection with my participation in this Event or Competition. I acknowledge that I am physically fit to participate in the Event or Competition. I agree to abide by the rules and regulations established by the event organizer.

I further give the organizer of the Event or Competition permission for my image (captured or video) to be used by the Erie County Agricultural Society for promotional purposes.

By signing, I attest that I am at least 18 years of age and not under the influence of alcohol or any other mind-altering drug, legal or illegal.

\_\_\_\_\_

\_\_\_\_\_

Print Name of Participant

Date

\_\_\_\_\_

Signature of Participant

**Complete below if Participant is under the age of eighteen –**

I, the undersigned parent and/or legal guardian of the above named Participant, affirm that that I have read this Release and understand that by signing this form I am waiving and releasing the Society, its directors, officers and employees for any and all damages, injuries, losses or claims which may be sustained by the above named minor participating in this Event or Competition. I acknowledge that such minor is physically fit to participate in the Event or Competition.

I further give the organizer of the Event or Competition permission for the minor's image (captured or video) to be used by the Erie County Agricultural Society for promotional purposes.

\_\_\_\_\_

\_\_\_\_\_

Print Name of Parent – Guardian

Date

Signature of Parent – Guardian: \_\_\_\_\_