

ARENA USER INFORMATION

Name: _____ Age: _____

Mailing Address: _____

Phone Number: (H) _____ (W) _____

Emergency Contact's Name: _____

Relationship: _____ Today's Date: _____

Emergency Telephone: (day) _____ Evening: _____

LIABILITY RELEASE, INDEMNITY AND ASSUMPTION OF RISK STATEMENT AND COVENANT NOT TO SUE

This is a legally binding document made by me to Fallon County, Montana, the Fallon County Fair Board, and elected officials, officers, employees and agents of Fallon County.

I fully recognize that there are dangers and risks to which I may be exposed by using the Fallon County Arena and participating in activities therein. I acknowledge and understand that the facility is not designed or maintained to eliminate all of these dangers and risks, and I know that by participating in activities at the arena I risk personal injury or death from many causes, including but not limited to slips, trips or falls, entanglement with ropes or other equipment, injury caused by horses, cattle and other livestock, involvement in activities with other facility users and reliance by me upon other persons whose experience or abilities may be insufficient to protect me from harm. With full understanding of the risks involved and despite this Release, I am voluntarily participating in activities at the Arena.

User' Initials: _____ Parent/Guardian's Initials _____

I acknowledge and understand that risks exist in all places and in all activities and acknowledge that Fallon County does not and cannot guarantee my safety at the Fallon County Arena. I FREELY ACCEPT AND ASSUME THE RISK THAT I CAN GET HURT and agree to assume and take upon myself the risks and responsibilities associated with the activities.

User' Initials: _____ Parent/Guardian's Initials _____

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AND ACTIONS that I or my heirs, executors or assigns may have in the future against Fallon County, its officers, elected officials, boards, employees, volunteers or other County personnel for any loss, damage, expense or injury, including death, suffered from or in connection with my use of County facilities or equipment, including all losses or injuries

sustained as the result of any alleged acts or failures of any personnel associated with Fallon County, including but not limited to negligence, mistake or failure to supervise.

User' Initials: _____ **Parent/Guardian's Initials**_____

I recognize that I am giving up, among other things, the right to sue Fallon County, its officers, elected officials, boards, employees, volunteers or other County personnel for any loss or injuries or death that I may incur while participating in activities at the Arena. I further agree to indemnify and hold Fallon County, its officers, elected officials, boards, employees, volunteers or other County personnel harmless for any liability whatsoever, including attorneys' fees, for any harms occurring while I am present at the Arena.

User' Initials: _____ **Parent/Guardian's Initials**_____

I have read and understand the contents of this document and intend that it be binding upon me, my heirs, executors and assigns. If I am signing on behalf of a minor child, I warrant that I am doing so with the consent and approval of my spouse (if any) and I understand that I am acknowledging the risks to my child.

User' Initials: _____ **Parent/Guardian's Initials**_____

**FACILITY USERS MUST INITIAL ALL FOREGOING PARAGRAPHS AND SIGN BELOW.
PARENTS OR GUARDIANS OF ALL MINORS UNDER THE AGE OF 18 MUST SIGN
BELOW AND INITIAL ALL FOREGOING PARAGRAPHS.**

I am the parent or guardian of the above-named minor. I hereby make and enter into each and every representation, waiver, and indemnity stated above on behalf of myself, the minor and any other parent or guardian of the minor. I intend to give up my right, the minor's right, and the right of any other parent or guardian to maintain any claim or suit against Fallon County, its officers, elected officials, boards, employees, volunteers or other County personnel, arising out of the minor's use of the Fallon County Arena or participation in activities at that facility. I believe and represent that I have legal authority to make these waivers and releases, and I agree to indemnify Fallon County, its officers, elected officials, boards, employees, volunteers or other County personnel against all liability arising out of any lack of authority to make such waivers and releases.

Signed this _____ **day of** _____, _____.

User's Signature: _____

Signature of Parent or Guardian of Minor: _____

Printed Name: _____