

Release from Liability, Covenant Not to Sue, And Indemnification Agreement

I, being fully aware of the risk of **Injury, serious injury, or death**, hereby request that I be allowed to use the Equine Facilities located on the Fremont County Fair Grounds. In consideration of being allowed use of the facility, I assume all associated risks. The County of Fremont, the Fremont County Commissioners, Fremont County Fair Board, and staff and management of the Fremont County Fair (hereinafter collectively referred to as the County) and any of their agents, employees, or assigns, either individually or collectively, shall not be liable for any injuries or damage I incur, or be subject to any claims, demands, or causes of action for injury or damage of any kind whatsoever, including injuries or damages resulting from the negligence of the County or its agents, employees, or assigns. I, for myself and on behalf of my heirs and personal representatives, do hereby expressly and voluntarily waive, release and discharge the County and its agents, employees, and assigns from any and all claims demands, or causes of action and agree not to sue and expressly waive the right to sue the County or any of its agents, employees or assigns for any cause of action arising from my use of the Equine Facilities.

I, for myself and on behalf of my heirs and personal representatives, further agree to indemnify and hold the County and its agents, employees, and assigns harmless from any and all claims resulting from my use of the Equine Facilities or any associated activities on the Fremont County Fair Grounds.

I understand that the County does not waive sovereign immunity by accepting this document and that all defenses available to WYO.STAT.ANN§ 1-39-104(a) and all other state law are specifically retained.

I have read, understand, and agree to the above.

Printed Name	Signature	Date
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***Note:** Minors (individuals under the age of 18) and their parent/guardian must complete this section. This signature of the parent or guardian **MUST BE NOTARIZED**.

Printed Name of Minor (child)	Signature of Minor (child)	Date
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Printed name of Parent or Guardian	Signature of Parent or Guardian	Date
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State of Wyoming)
)ss.
County of _____)

The foregoing instrument was acknowledged before me by _____ and
this _____ day of _____, 20____.>

Witness my hand and official seal.

Name and Title
My Commission expires _____