



# Certificate of Eligibility and Release of Liability

## GLENN COUNTY FAIR 2025 DAIRY SHOW

### RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_ Participant, exhibitor, acknowledge that I have voluntarily applied to participate in the Glenn County Fair Dairy Exhibition of the **Glenn County Fair**.

**I AM AWARE THAT THE ABOVE-DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM AWARE I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.**

*“The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the State of California from and against any liability, claim, communicable diseases including but not limited to H5N1/Avian Influenza, loss or expense (including reasonable attorneys’ fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the fair. The fair management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor’s participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor’s property.”*

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE GLENN COUNTY FAIR, AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.**

All Exhibitors upon entering the fair agree to the following:

All entries are subject to the rules & regulations as published in the Exhibitor’s Guidebook & State Rules. The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the state of California from and against any liability, claim, loss or expense (including reasonable attorney’s fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with the participation in this program or event, excepting only that caused by the sole activity negligence of the fair. The undersigned states herewith that he/she is a recognized supervisor of the project (s) listed above; that to his/her personal and actual knowledge that statements regarding the same are true; and he/she further states that he/she has read and has full meaning of the rules & regulations governing the same and agrees to be governed by them.

**Furthermore, I understand, have read, and agree to the full edition of the Glenn County Fair Exhibitor Code of Conduct (located in exhibitors Guidebook) as well as the Release and Waiver of liability, and medical information on the back of this entry form. Project leader/advisor agrees that participant has met all requirements to this date. I understand and agree to comply with the fair’s decision regarding any alleged violation of the state or local rules.**

Parents Signature Required \_\_\_\_\_

Exhibitor Signature Required \_\_\_\_\_

Project Leader Signature Required \_\_\_\_\_

### Exhibitor Medical Release Required

The exhibitor named on this form has my permission to seek first aid treatment at the Glenn County Fairgrounds First Aid Station during his/her stay. In my absence, it is understood that our group \_\_\_\_\_, will be notified of any injury and will be promptly advised of what further medical treatment, if any, may be required.

Phone: \_\_\_\_\_

Parent/Guardian Signature

Printed Name

My child has had a **Tetanus Toxoid Booster** on: \_\_\_\_\_ Month \_\_\_\_\_ Year.

My child has an allergic condition that allows him/her to carry and **EPI PEN** Check here:

**(List all Allergies and plan of action for EPI PEN- Please attach a doctor directive for administering EPI)**

List Allergies: \_\_\_\_\_

Other Health Issues: \_\_\_\_\_

Initial: \_\_\_\_\_