

Alpena County Agricultural Society Event Registration

People planning to participate **MUST** bring this to the event to participate.

Name: _____ Age: _____

Address: _____ Date of Birth: _____

City: _____ Zip Code: _____ Phone: _____

Description of Event: _____

Release and Waiver of Liability

I hereby apply to participate in the Alpena County Agricultural Society Event described above. I understand that participating in the event may expose me to above normal risks of injury or harm.

I represent that I have no health or physical problems that will interfere with my participation in the event. I agree that I am responsible for my own safety. I hereby assume all risks associated with my attendance and participation in the event shall be at my sole risk and decisions as to whether or how I use the facility shall entirely be my responsibility.

I hereby fully and forever release, discharge, and agree not to sue the Alpena County Agricultural Society, or any other sponsors (hereafter called "event sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes or action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the event, including all claims, causes of action of liability arising out of the negligence of even sponsors, their agents or representatives. I agree to indemnify and hold harmless event sponsors, their agents or representatives from any loss, damage or expenses sustained or incurred by them arising from any such claims, cause of action or liability, whether brought by me, anyone acting on my behalf, or anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the law of the State of Michigan. I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian, or next friend.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver.

I am at least 18 years old _____
(Signature)

Participant _____ is less than 18 years old.

I sign this release on his/her behalf: _____
(Signature)

Medical Treatment Release (Required for Minors)

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Health Insurance Date:

Company: _____ Policy: _____

