

# LIABILITY RELEASE

\_\_\_\_\_ (Name of Event)

EVENT REGISTRATION NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I acknowledge the risks and potential for risks of Equine Activities as defined under Neb Rev Stat 25-21,250. I hereby, intending to be legally bound, for myself, my heirs and assigns, and personal representatives waive and release forever all claims for damages against \_\_\_\_\_ County Agricultural Society or \_\_\_\_\_ County Fair Board, its Board of Directors, Volunteers, Agents or Employees for any and all injuries or losses or property damage I or my family members may sustain while participating in any Equine Activity on the property of the above-named agricultural society.

\*\*\*ANYONE UNDER THE AGE OF 19 MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN\*\*\*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_