



PARTICIPANT WAIVER OF RESPONSIBILITY FORM

I, the undersigned, by participating in _____ sponsored by The Pickaway County Agricultural Society understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, agree to release The Pickaway County Agricultural Society and Pickaway County, its' elected officials, employees or volunteers from all claims resulting from any and all injuries sustained while participating in _____, except that arising out of the sole negligence of the Pickaway County Agricultural Society or Pickaway County, its' elected officials, employees or volunteers.

If participant is a minor (under the age of 18), a parent or legal guardian must sign this form.

Name of Participant (**PRINT**)

Signature (**IF 18 or OLDER**) (Date Signed)

Name of Parent/ Legal Guardian - if participant is less than 18 years old (**PRINT**)

Signature of Parent/Legal Guardian – if participant is less than 18 years old (Date Signed)