Release of Liability Statement for Shows & Events:

I understand the risks, hazards and inherent in this equine activity including the possibility of injury or death, I agree for myself and my heirs to release and hold harmless, defend and identify the Coshocton County Agricultural Society or Coshocton County Fairboard, its trustees, officers, agents, employees and volunteers and activity's judges and stewards from and against all claims, demands, action and causes of action as a result of personal injury, death, or property damage sustained by me or others as a result of my participation. I bring my animals at my own risk and I am aware of the hazards associated with participation and with the handling of animals. I will be financially responsible for physical or financial damage done by my animals or myself to another person or property.

STATEMENT OF AWARENESS

I, THE UNDERSIGNED, BEING OF LEGAL AGE, OR THE PARENT OR LEGAL GUARDIAN OF A MINOR CHILD, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE

EACH LEGAL AGE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF A MINOR PARTICIPANT MUST SIGN BELOW:

_____ _____

Signature of Participant Date

_____ for _____ _____

Signature of Guardian Name of Participant Date

Print Name: _____ HOME PHONE: ( ) _____

_____ CELL PHONE: ( ) _____

DEPT.	BOOK	CLASS	DESCRIPTION OF ENTRY