

# Marquette County 4-H Horse Project

## Release from Liability

SUBMIT NO LATER THAN JUNE 15<sup>TH</sup>

I \_\_\_\_\_ on behalf of my child \_\_\_\_\_,  
(Name of Parent) (Name of Child)

Myself, my spouse and all of the heirs, assigns, and legal representatives of the same in consideration of being permitted to participate in certain horse clinics, shows, and fair sponsored by the Marquette County 4-H Horse Project, hereby release, wave, and discharge the Marquette County 4-H Horse Project, Marquette County Fair Grounds, Marquette County, the adult members, and agents of all description, for all liability which I (or we) have or in any way may have for any loss of damage or claim of damages, resulting from, or on account of injury to me (us), even injury resulting in death, whether caused by the negligence of the parties released or otherwise, while I (we) are in any way participating in the horse clinic activities, etc.

I further agree to indemnify the parties released and each of them from any loss, liability, or cost they may incur due to the presence of me (us) in or about the Marquette County Fairgrounds, whether caused by the negligence of the released parties or not.

I hereby assume full responsibility for the risk of bodily injury, death, or property damage due to my own negligence, the negligence of the release parties, or arising for any other reason while participating in the horse clinics, etc., at the Marquette County Fairgrounds.

Before signing this release, I have read it over very carefully. I understand that the released parties are uninsured, and are relying on the release in sponsoring and participating in the organization of these horse clinics, etc. I further understand that this release shall continue in full force and affect for me and my child together with the rest of my family as set forth above until I withdraw it by written document mailed to each of the released parties. I further agree that if some part of this release is considered invalid for any reason, notwithstanding the failure of one part, the balance of the release shall continue in full force and effect. No representations have been made to me concerning the validity or coverage of my own insurance in signing this document and I understand that I will not be able to look to any party for financial assistance should I or my child become injured while participating in the 4-H horse clinics, etc.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Signature)