

Sargent County Fair Association
P.O. Box 303
Forman, ND 58032
www.sargentcountyfair.com

Waiver and Assumption of Risk

I voluntarily make and grant this Waiver and Assumption of Risk in favor of **Sargent County Fair Association** as a partial consideration, in addition to monies paid to **Sargent County Fair Association**.

I HEREBY RELEASE AND HOLD HARMLESS SARGENT COUNTY FAIR ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event. RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I further agree to use my best judgment in undertaking these activities, use and / or receipt and to faithfully adhere to all safety instructions and recommendations, whether oral or written. In addition I agree that **no adults or persons over +200 lbs** will be allowed to use the inflatable amusement device(s). I hereby certify that I am a competent adult assuming these risks of my own free will. Being under no compulsion or duress. This Waiver and Assumption of Risk is effective indefinitely, inclusive, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of Sargent County Fair Association.

I certify that I have read and understand the Rules as listed and the Waiver and Assumption of Risk and by signing below, I assume the risks and responsibilities of this rental.

Print Name _____

Signature _____ Date _____