

Defiance County Fair Xtreme Cheer Competition Participation Release and Waiver Form 2021

**Photocopy this form as needed for each individual participant

Participant's First Name	Last Name
--------------------------	-----------

Address	City	State	Zip
---------	------	-------	-----

Parent Name/Legal Guardian	Phone Number
----------------------------	--------------

School/Group	Address
--------------	---------

Varsity	Junior High	All Star	Dance	Other
---------	-------------	----------	-------	-------

Division _____

Defiance County Fair Grounds	530 South Main St., Hicksville, OH 43526	419.542.7575
------------------------------	--	--------------

Event Site	Address	Phone
------------	---------	-------

I, _____, (Participant first and last name)
 and _____, as a parent or legal guardian of
 _____, (participant), hereby grant the permission necessary to allow
 the participant to participate in the above noted event to be sponsored by the Defiance County Agricultural
 Society. I acknowledge and agree, on my own behalf and on the behalf of the participant, that search
 participation, subjects the participant to the possibility of physical illness or injury (minimal, serious,
 catastrophic and/or death) and that I, on my own behalf and on the behalf as a participant, acknowledge that
 the participant is assuming the risk of such illness and/or injury by participating in the above noted Defiance
 County Agricultural Societies event. In the event of such illness and or injury, I authorize Defiance County
 Agricultural Society to obtain necessary medical treatment for the participant and herby, on my own behalf
 and on behalf of the participant release and hold harmless authorize Defiance County Agricultural Society, the
 Defiance County Commissioner, Defiance County Fairgrounds hosting site, hereinafter the "hosting site") on
 which premises will occur, and the respective affiliates, directors, officers, representatives, members, agents,
 volunteers, and employees. I further acknowledge and understand that I will be responsible for any and all
 medical and related bills. That may occur on the behalf of the participant for any illness and/or injury that the
 participant may sustain during the above noted the authorize Defiance County Agricultural Society event and
 while traveling to and from the site from the above noted event whether or not the Defiance County Xtreme
 Cheer Competition event actually occurs.

Appearance Agreement:

I understand that the Defiance County Agricultural Society at times produce promotional materials to its programs. I understand that as a participant in/or spectator at the above noted authorize Defiance County Agricultural Society event the participant may be included and videotapes or for photographs taken during the above noted event. Therefore without reservation or limitation, I, on my own behalf and on the behalf of the participant, hereby assign, transfer and grant to Defiance County Agricultural Society, it's successors, assignees, licensees, sponsors and television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape the participant and to utilize such video tapes and photographs and the participants name, face, likeness, voice and appearance as a part of the above noted Defiance County Agricultural Society event, un advertising and promoting the above noted Defiance County Agricultural Society event, or in advertising and promoting similar events. In further understanding that neither Defiance County Agricultural Society, nor any third party is under any obligation to exercise any of the forgoing rights, licenses and privileges.

I on my own behalf, therefor warrant that I have read this release and waiver in its entirety and fully understand its contents. I am aware that this release and waiver releases form liability and contains an acknowledgement of my voluntary and knowing assumption of the risks of injury or illness. I, on my own behalf further acknowledge that nothing in this release and waiver constitutes a guarantee that the above noted Defiance County Xtreme Cheer Competition will occur. I, on my own behalf have signed this document voluntary and of my own free will.

Signature of Participant	D.O.B	Date
--------------------------	-------	------

Signature of Parent/Legal Guardian	Relationship to Participant	Date
------------------------------------	-----------------------------	------

Participant's Family Physician	Office Phone Number
--------------------------------	---------------------

Participant's Dentist	Office Phone Number
-----------------------	---------------------

I regard the above-mentioned person, check all that apply and provide explanation below if needed:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Migraine headache • Diabetes • Convulsions • High blood pressur • Fainting spells • Asthma • Heart Troubles • Epilepsy | <ul style="list-style-type: none"> • Allergies to food, medication, etc. • Conditions currently undertreatment • Pre-existing injury under treatment • Currently taking medication • Other |
|---|---|

Insurance Carrier _____

Policy Holder. School Insurance

Participant's Family Insurance