

Defiance County Fair Xtreme Cheer Competition

Participation Release and Waiver Form 2023

Photocopy this form as needed for each individual participant

Participant (First & Last Name)

Address	City	State	Zip
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Parent / Legal Guardian Name	Phone Number
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School / Organization	Address
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Division: (circle one)	Varsity	Jr. High	All Star	Exhibition	Special Olympics
Tumbling: (circle one)	Yes	No			

Event Site: Defiance County Fairgrounds 503 S. Main Street, Hicksville, OH 43526 (419) 542.7575

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, its 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, therefore 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 voluntarily and of my own free will.

Signature of Participant	DOB	Date
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Signature of Parent / Legal Guardian	Relationship	Date
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Participant's Family Physician	Phone Number
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Participant's Dentist	Phone Number
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In regard to the above-mentioned person, check all that apply and provide explanation below if necessary:

- Migraine headache
- Diabetes
- Convulsions
- Hypertension
- Fainting Spells
- Asthma
- Heart troubles
- Epilepsy
- Allergies to food, medication, etc.
- Conditions currently under treatment
- Pre-existing injury under treatment
- Current Medications
- Other: _____

Insurance carrier: _____

Policy Holder: [] School Insurance [] Participant's Family Insurance