

**VOLUNTARY RELEASE WAIVER ASSUMPTION OF RISK
FOR THE LOYAL CORN FESTIVAL EVENT**

Please Print Clearly if 18+ If participant has not yet reached the age of 18, this form needs to be SIGNED BY A PARENT OR LEGAL GUARDIAN.

PARTICIPANT INFORMATION:	
Name:	Date of Birth:
Address:	Gender: Male Female
Telephone:	Age:
Height:	Weight:
Emergency Contact Name & phone number:	
Primary Email Address:	
Please list medical conditions/allergies:	

If stated by Loyal Corn Festival, Parent/Guardian must present proof of Parent/Guardian relationship prior to minor child/charge being allowed to participate or Loyal Corn Festival may hold the right to refuse participation.

If relationship document(s) must be presented to Loyal Corn Festival for your child/charge to participate, one of the following documents below are allowable:

1. Official Birth Certificate; or
2. Court documents naming you as the guardian of the minor participant

PARENT/GUARDIAN:

PLEASE INITIAL NEXT TO EACH PARAGRAPH – IF MINOR PARTICIPANT, PARENT/GUARDIAN MUST INITIAL

_____ 1. The Participant understands that participation in this event/activity, they may suffer injury, harm or loss and that the event/activity may cause the same to Participants. The Participant takes part at his/her own risk. To the extent permitted by Wisconsin Law, Participant accepts that Loyal Corn Festival and/or the venue will not be liable for any injury, loss, damage, action, claim, costs or expenses, which may arise in consequence of his/her participation in this event/activity.

_____ 2. The Participant shall not make any Claim or Demand against Loyal Corn Festival, or the venue for any reason whatsoever including, but not limited to, any Claim or Demand arising as a result of any action, default, omission or negligence of Loyal Corn Festival, and to the fullest extent permitted by law the Participant accepts that Loyal Corn Festival, or the venue will not be liable for any injury, loss, damage, action, claim, costs or expenses, which may arise in consequence of participation in the event/activity.

_____ 3. The Participant will at all times behave in a manner that is in accordance with the rules and code of conduct of Loyal Corn Festival, and that dismissal from the playing field or grounds can result from violation.

_____ 4. The Participant hereby grants permission to Loyal Corn Festival, to use photographs, motion pictures, or other record of my participation for legitimate purposes without remuneration.

_____ 5. As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the activities provided by Loyal Corn Festival. The risk of injury from these activities includes, but is not limited to, the potential for minor injuries, serious injuries, permanent paralysis, and even death. While particular rules, equipment, and personal discipline requirements are designed to reduce this risk, the risk of serious injury still does exist.

_____ 6. I agree to assume and take on myself all the risks and responsibilities in any way arising from or associated with said activity, and I release Loyal Corn Festival, from any and all claims, demands, suits, judgments, costs, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the participation in said activities, including any injury or harm to me, my death, or damage to my property, and I agree to defend, indemnify and hold Loyal Corn Festival, harmless from and against any/all liabilities.

____ 7. As the undersigned Releasor/Participant, I recognize that this Release means that I am giving up, among others things, all rights to sue for injuries, damages, or losses I may incur due to my voluntary participation in the event. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as me. I also affirm that I have adequate medical and health insurance or resources to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by the laws of the State of Wisconsin. I have read this Release in its entirety and fully understand the entire Release and acknowledge that I have the option of reviewing this Release with an attorney of my choosing if I so desire prior to participation, and I hereby agree to be legally bound by the Release upon signature.

The following individuals are not allowed to participate:

- 1. < the age of 18 without parent/guardian signature**
- 2. are unable to fit with adequate space between the body and the unit**
- 3. under the influence of drugs / alcohol**
- 4. having a preexisting medical condition making it unsafe to participate**

Dated: _____ PARTICIPANT NAME _____

PARTICIPANT (or parent /guardian) SIGNATURE _____