

**DOUGLAS COUNTY, COLORADO FAIRGROUNDS**  
**RELEASE AND WAIVER OF LIABILITY AND**  
**ASSUMPTION OF RISK AGREEMENT**

**Event:** 4-H Buckle Series

**Date:** \_\_\_\_\_

**Event Location:** Douglas County Fairgrounds, Castle Rock, Colorado

*In consideration for being permitted to participate in the Event, I, for myself or on behalf of the participant, as the participant's parent or legal guardian, acknowledge and voluntarily agree to the following:*

I understand the potential risks of participation in this event and that I am releasing the event holders and sponsors from any liability related thereto (parents or guardians in accordance with § 13-22-107, C.R.S.) Working with live animals is inherently unpredictable and potentially dangerous. Reactions to strange sounds, surroundings, different handlers, and sudden movements cannot always be anticipated nor controlled. The handling of animals by other participants cannot always be anticipated nor controlled by the event holders or sponsors. Thus, there are always inherent risks to participation.

**Assumption of Risk.** I fully understand that participation in the Event may not only involve risk of serious injury or death, economic loss, property damage, or loss that may result from the participant's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the Event is being conducted, and the participant voluntarily agrees to assume this risk.

**Covenant Not to Sue.** The participant's personal and legal representatives, heirs, successors, and next of kin will not make any claim against Douglas County, Colorado, or any of its present or former officials, employees, agents, attorneys, insurers, and representatives and their respective successors, heirs and assigns or any volunteer(s) ("Douglas County"), for injury, damage, death, or any other loss arising from or related to participation in the Event.

**Release.** The participant's personal and legal representatives, heirs, successors, and next of kin, forever release, waive, discharge and relinquish Douglas County from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney's fees, judgments, liens, indebtedness, and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by the participant in any way connected to, related to, or arising out of participation in the Event, regardless of any negligence of Douglas County.

**Good Health.** The participant is in good health and has no physical condition that would prevent him/her from participating in the Event or that would increase the risk of serious injury or death in the event of an accident. I have had the opportunity to seek medical advice for any concerns I may have had regarding the participant's health.

**Statutory Limitation on Liability.** I understand that under Colorado Law, equine professionals or equine activity sponsors are not liable for injury due to death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

I have carefully read this Agreement and fully understand its contents. I am aware that I have given up substantial rights of the participant by signing the Agreement, and I am signing the Agreement voluntarily. There is no obligation to participate in this Event, but I desire to do so or to allow such participation. I certify that I am at least eighteen years of age and the participant or his/her parent/legal guardian.

Executed at: Castle Rock, Colorado on \_\_\_\_\_, 2021.

Name of Participant: \_\_\_\_\_

Parent/Guardian (if minor): \_\_\_\_\_

Signature of Adult Participant/Parent/Legal Guardian: \_\_\_\_\_

Emergency Contact/Phone Number: \_\_\_\_\_