## ANDERSON COUNTY FAIR YOUTH BOARD WAIVER/RELEASE

## LIABILITY RELEASE

In consideration of the acceptance of my application for the Anderson County Fair Youth Board, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said Board. This release is intended to discharge in advance the Anderson County Fair Association, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

PARENTAL CONS	<b>ENT</b> (To be completed if application)	nt is under 18 years	of age)
	sent for my son/daughterexecute the above liability release	on his/her behalf.	_ to participate in the
CONSENT TO TRI	EAT		
case of sudden illness Anderson County Fai the cost thereof will be be made to contact su	my consent to have the above approximation of a representation of the participating in the respective at my expense. If a personal place physician. However, the local require the use of emergency medical	ne above Board. It is a line insurance for such a sysician is listed below of the activity o	s understood that the treatment, and that ow, every effort will
(Name of personal physician)		(Doctor's telephone number)	
withheld.  READ BEFORE SI  I have read an	ve my consent to treat and request	ration form, liability	v release form, parental
(Date)	(Youth's signature)		(Parent's signature)
	(Print youth's name)		(Print parent's name)