

Legend of Rawhide Release Form

June 2020-2021

ALL participants must fill out information, read and sign the release. Family members who live in the same household may be listed on one form.

Adult 1: _____	Part: _____	Date of Birth: _____
Adult 2: _____	Part: _____	Date of Birth: _____
Child 1: _____	Part: _____	Date of Birth: _____
Child 2: _____	Part: _____	Date of Birth: _____
Child 3: _____	Part: _____	Date of Birth: _____
Child 4: _____	Part: _____	Date of Birth: _____
Child 5: _____	Part: _____	Date of Birth: _____

Address: _____

Phone: _____

Participation Release

In consideration of being permitted to participate in the "Legend of Rawhide" pageant and related events, the undersigned **hereby releases, waives and discharges the Legend of Rawhide Committee, its boards, and it's the members, the pageant director, Coordinators, Niobrara Chamber of Commerce, Niobrara County Fair Board, Niobrara County Commissioners, sponsors, owners of the premises and other persons connected with the pageant presentations**, from any and all liability for loss, injury or damage to person or property, including death to the undersigned which may arise in connection with participating in the performances, rehearsals, tree cutting, parades and/or related events. The undersigned assumes all risk of loss and further indemnities releases form any loss, damage or claim, which may arise due to the presence of the undersigned in said activity. Participants are highly encouraged to participate in both performances. Participants are encouraged to dress appropriately for the era. The Legend of Rawhide is a historical fiction re-enactment. ***The Legend of Rawhide Board of Directors has the authority to refuse participation if deemed necessary. The Open Container Law will be strictly enforced during the parade on Saturday.***

******Please note: You are responsible for the health and well-being of your livestock. If your animal is visibly ill your animal will not be able to participate in the Legend of Rawhide. Please take all precautions to protect the health of your animal and protect others.***

Household Representative signature _____

Parent's signature if participant is under 18 _____

Witness: _____ Date _____

COVID Legend Release Signed _____ yes _____ no...

Children are welcome to participate in the Legend of Rawhide. Any child under the age of 18 must be attended by an adult that will be responsible for said child during the practices and performances. Please keep in mind that this if for their safety.

Custodian _____

LEGEND OF RAWHIDE RELEASE AND WAIVER OF LIABILITY AGREEMENT

I will be participating as a volunteer and/or participant in the Legend of Rawhide and Niobrara County fairground premises and assorted activities.

I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY "DIRECTIVES"), INCLUDES DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC, AND ALSO POTENTIALLY INVOLVE LIVESTOCK OR OTHER LEGEND ACTIVITIES, AND COULD BE HAZARDOUS ATIVITIES. I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO COVID-19, OR DUE TO ACTIVITIES ON THE FAIRGROUNDS INCLUDING BUT NOT LIMITED TO PARTICIPATION IN THE LEGEND OF RAWHIDE AND OTHER LEGEND ACTIVITIES, I AM VOULNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROERTY DAMAGE WHETHER THOSE RISKS ARE KNOWN AND UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if volunteer participant is under 18): _____

As consideration for being permitted to participate or volunteer in these activities and use the Fairgrounds, I forever release the Governing Body, the State, the Department, and any affiliated organization, along with their respective directors, officers, employees, volunteers, agents, contactors, and representatives (collectively "Releases") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, distributes, guardians, next to kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or (iii) the conditions of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributed, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE LEGEND OF RAWHIDE, GOVERNING BODIES, THE STATE AND THE DEPATMENT, AND SIGN IT OF MY FREE WILL. *If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.*

Executed at _____ Wyoming on _____, 2020

PARTICIPANT/RELEASOR

PARENT/GUARDIAN

Printed Name

Printed Name

Signature

Signature