

NAME OF SCHOOL/GYM/CLUB:

\_\_\_\_\_

MANITOWOC COUNTY FAIR  
MEDICAL WAIVER AND RELEASE OF LIABILITY  
Each Participant MUST have a release on file at competition site.

I, \_\_\_\_\_ the natural parent, legal guardian and/or managing conservator of \_\_\_\_\_, do hereby acknowledge and state that said performer is presently under my care, custody, and control and that I possess the authority to grant the permission and authorization stated herein. In consideration of my child being allowed to participate in any way in the Manitowoc County Fair Pom/Dance Competition, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. My child as no conditions which would prohibit or restrict his/her participation in the Manitowoc County Fair Pom/Dance Competition events.
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while participation rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, my child observes any unusual significant hazard during their presence or participation, they will remove themselves from participation and bring such to the attention of the nearest official immediately; and
5. On behalf of my child, as their natural parent, legal guardian and/or managing conservator, **HEREBY RELEASE AND HOLD HARMLESS** Manitowoc County, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I authorize my representative of the Manitowoc County Fair to locate qualified and licensed medical personnel and/or transport of said performer to an appropriate medical facility in the event that it may become necessary.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

\_\_\_\_\_  
Signature of Parent, Legal Guardian and/or Managing Conservator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number