



PARTICIPATE AGREEMENT
 ASSUMPTION OF RISK AND WAIVER/RELEASE OF LIABILITY FOR COMMUNICABLE
 DISEASES INCLUDING COVID-19
 ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMINIFICATION AGREEMENT
BRING THIS FORM WITH YOU THE DAY OF THE SHOW

In consideration of being allowed to participate on behalf of MWHHA, Inc., Howard County Association, Inc. (property owner) hereafter collectively referred to as “MWHHA” – its program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regard protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest official immediately; and ,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MWHHA, Inc; Howard County Fair Association, Inc (property owner) hereafter collectively referred to as “MWHHA” their 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

PRINTED Name of participant: _____

Signature: _____ Date signed: _____

Address: _____ State: _____ Zip: _____

County: _____ Phone: _____ Email: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF COMPLETION OF THIS AGREEMENT)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/hers persona; responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the releases for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

PRINT Name of parent/guardian: _____ Signature: _____

Date Signed: _____

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