



## Cassia County Fair

PO Box 1222

Burley ID 83318

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### WILD COW RIDE Participant Release of Liability

Name of Releaser \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Signed \_\_\_\_\_

I, \_\_\_\_\_, the releaser, being of lawful age, in consideration of being permitted to participate in Cassia County Fair and Wild Cow Ride on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, do for myself, my heirs, executors, administrators, and assigns; hereby release and forever discharge Cassia County, Idaho, and the Cassia County, Idaho, Fair Board, their officers, officials and employees as well as all other participants and stock providers in the Wild Cow Ride (the Releasee) of and from any and every claim, demand, action or right of action of whatsoever kind or nature; either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown; death or property damage which results from any accident which may occur as a result of my participation in the Wild Cow Ride or any activities in connection with the Cassia County Fair Wild Cow Ride whether by negligence or not. I understand and acknowledge that the Wild Cow ride is an inherently dangerous activity and I assume all risks for my participation therein. I further release the Releasees and all officials and medical service personnel from any claim whatsoever on account of first aid treatment or service rendered to me during or after my participation in the Cassia County Fair and Rodeo and Wild Cow Ride. I agree that this release and waiver is attended to be as broad or inclusive as permitted by the laws of the State of Idaho and that this release contains the entire agreement between the Releaser and Cassia County, Idaho, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release; and I know the contents thereof; and I sign the release as my own free act on the date set forth above.

Signature of Releaser \_\_\_\_\_

Team Name \_\_\_\_\_

Sponsor \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_