

Authorization for Emergency Medical Care/Liability Release/Photo Release

Campbell County Fair

Participants and parents are asked to review and sign the following agreement:

We understand that certain guidelines are necessary in order for all participants to have an enjoyable and memorable experience. Activities are designed to meet the needs and interests of young people to enable the participants to learn skills and make friends, and to develop self-confidence and self-reliance. We further understand that failure to abide by these guidelines will earn an early exit from this activity.

I, the parent/guardian of a participant, acknowledge that I understand the risk of my child's participation in the Campbell County Fair. I understand that the dangers and risks of participation may result in, but are not limited to, sprained ankles, concussions, broken bones, injuries due to exposure to livestock, physical stress, mental stress, serious bodily injury or death. I acknowledge that any of these injuries could occur to my minor child, which may result in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I understand and consent for my child to participate in these activities at the Campbell County Fair. I understand that I am releasing and covering not to sue for myself and my minor child, in exchange for my minor child to participate in the Campbell County Fair.

In consideration of you accepting this entry, I hereby waive and release any and all rights and claims for damages for my child, or I may accrue against Campbell County, or its departments or employees, sponsors, any representatives, successors, and assigns, the Campbell County Fair Board, its employees, agents, assigns and any and all other persons who are associated with this Campbell County Fair, for any and all injuries suffered by myself or my child, while participating in this activity. I understand that mandatory safety equipment as provided for by law is my responsibility, and I am not relying on anyone to provide, advise items needed, or procure it for my child.

In the event of an emergency where medical treatment is required, I authorize the person in charge to obtain the services of a licensed medical professional or take my child to the nearest medical facility. If an ambulance is required, the emergency numbers given will be used after 911 is contacted.

Child's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Sex _____

Medical Conditions _____

Allergies (please specify) _____

Medications (include dosage) _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Restrictions (religious, personal, other) _____

Parent / Guardian Name _____

Contact Phone Number _____ Work / Other Phone Number _____

If Unavailable, Contact _____ Phone Number _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

Participant Name: _____

The Campbell County Fair has my permission to use my or my child's photograph publically to promote the Fair. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____