

**MINOR WAIVER AND RELEASE FROM LIABILITY FOR ELITE BULLRIDERS ASSOCIATION, LLC. EVENTS**

Application must be notarized if applicant is less than 18 years of age & signed by parent or guardian.

I, \_\_\_\_\_, on behalf of (hereinafter referred to as "MINOR") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Elite Bullriders Association, LLC, and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or MINOR ever had or may have, arising from or in any way related to MINOR'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, Elite Bullriders Association, LLC, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said MINOR will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, emotional injury, and damage to personal property and/or death. On behalf of myself, MINOR, my heirs, assigns and next of kin, I and said MINOR waive all claims for damages, injuries and death sustained to me or my property that I or said MINOR may have against the aforementioned released party to such activity.

MINOR has the necessary and requisite skills to participate in all facets of, and activities of and requested of this facility, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately exercise my parental/guardianship rights and discontinue further participation by said MINOR in the activity.

By this Waiver, I, on behalf of said MINOR, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with bull riding activities and barrel racing, including but not limited to training at the facility, using the facility and its equipment, practicing and/or engaging in any bull riding activities, including, but not limited to: bull riding, bull fighting, stock contracting, judging, announcing, participating as a barrel man, barrel racing, a specialty act and/or a photographer, etc., or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, Elite Bullriders Association, LLC, whether by agreement, by operation of law, or otherwise.

I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said MINOR and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. MINOR is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said MINOR should require emergency medical care:

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said MINOR, am prohibiting involvements in the following specific activities:

Medical Conditions. MINOR is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said MINOR should require emergency medical care:

\_\_\_\_\_

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said MINOR, a

Printed Name of MINOR: \_\_\_\_\_ Printed Name of Parent (Guardian) \_\_\_\_\_

Signature of Parent (Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Date: \_\_\_\_\_