

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Name and location of: **Hillsborough County Fair**  
**215 Sydney Washer Road Dover, FL 33527**  
**2023 Dairy Camp Out – July 7&8**

1. **HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Greater Hillsborough County Fair Association** organization or any subdivision thereof, , land owner, operators or owners, officials, any persons in the restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as “releasees” from all liability to the undersigned, his personal representatives, assigns heirs and next of kin for any and all loss of damage and any claim of demands therefore on account of injury to the person or property resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is in or upon the restricted area and/or competing, officiating in, working for, or for any purpose participating in the event.
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the undersigned in or upon the restricted area or in any way competing, officiating, observing, working for, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.**
3. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK BODILY INJURY, DEATH OR PROPERTY DAMAGES**

**I, THE UNDERSIGNED, HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.**

**I HAVE READ THIS DOCUMENT; I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS AND UNDERSTAND I ASSUME ALL RISKS INHERENT TO THE EVENT. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.**

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PRINT NAME - Participant

SIGNATURE

DATE

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PRINT NAME – Parent (if applicable)

SIGNATURE

DATE

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