

LITTLE MISS STAMPEDE EXPERIENCE - PARTICIPANT RELEASE AND WAIVER AGREEMENT

Participant Name (please print): \_\_\_\_\_

Age: \_\_\_\_\_

I am the PARENT OR LEGAL GUARDIAN of the above named Participant and am requesting that ( my child participate in the LITTLE MISS STAMPEDE EXPERIENCE.

LITTLE MISS STAMPEDE EXPERIENCE (herein collectively referred to as "Activity") IS being sponsored by or located at the Lewis and Clark County Fairgrounds, Helena, MT

Name of Activity: LITTLE MISS STAMPEDE EXPERIENCE

Date of Activity: May 15-17, 2010

In consideration of permission being granted for me or my child to participate in this Activity and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I am entering into this Release and Wavier Agreement, which extends to the following persons and entities, as well as their trustees, officers, directors, board members, presenters, agents, employees, volunteers, contractors, representatives, successors, or assigns, individually and in any capacity or relationship with or for any other:

Lewis and Clark County Fairgrounds  
Last Chance Stampede and Fair  
Miss Last Chance Stampede Committee  
Activity Participants

While we make every effort to ensure your child is safe, we cannot predict every instance. Children will be modeling on a stage, and attending and ice cream social.

I certify that my child is in suitable health and capacity which allows my child's enrollment or participation in the Activity.

In regard to any photographs, video tapes, motion pictures, recordings, or any other reproduction of my image or my child's image (hereinafter collectively known as "Images") are taken at the clinic, I hereby grant to the Miss Last Chance Stampede Committee or Clinic organizers permission to use such Images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name or my child's name in connection therewith Miss Last Chance Stampede Committee or Clinic organizers so choose.

This Release and Waiver Agreement shall be construed to be as comprehensive as is allowed by law. Each provision herein is severable, so that should any provision or portion of such provision be held invalid, the remainder of this Release and Waiver Agreement shall not affect the enforceability of any other portion. This Release and Waiver Agreement shall not establish a legal or other relationship between or among those released which does not in fact exist. Nothing in this Release and Waiver Agreement shall constitute a waiver of any legal defense available to any released party herein, including sovereign immunity. The validity, interpretation, and effect of the Release and Waiver Agreement shall be governed by the laws of the State of Montana.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM SUFFERING FROM **NO LEGAL DISABILITY**. I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER AGREEMENT.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone Home or Cell \_\_\_\_\_

EMERGENCY INFORMATION: If parent/guardian cannot be reached in case of an emergency, please contact: \_\_\_\_\_

1. DOCTOR OFFICE PHONE \_\_\_\_\_

2. NAME RELATIONSHIP \_\_\_\_\_

HOME/CELL PHONE WORK PHONE \_\_\_\_\_

Does child take any medication on a regular basis? Yes No

If yes, please specify \_\_\_\_\_

Does child have any medical problems or allergies? Yes No

If yes, please specify \_\_\_\_\_

THIS FORM MUST BE COMPLETELY FILLED OUT FOR EACH PARTICIPANT