BRAZORIA COUNTY FAIR ASSOCIATION
2020 LITTLE MISTER & LITTLE MISS
RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

To be completed by all participants
Participating in all Little Mister & Little Miss events beginning August 30, 2020- October 2020

THE UNDERSIGNED, with the intent of binding myself, my spouse, if any, and my heirs, legal representatives and assigns, do hereby execute this release. In consideration of the privilege of competing in the Brazoria County Fair Little Mister & Little Miss, I release and discharge Brazoria County Fat Stock and Fair Association, Inc., its successors and assigns, Brazoria County, and all their officials, employees, personnel, legal representatives, and assigns, from any and all claims, present and future, known or unknown, in any manner arising out of property damage and personal injuries sustained by me as a result of competing in competition sponsored by, or utilizing facilities owned by Brazoria County Fat Stock and Fair Association, Inc., and Brazoria County.

_____ Age: _____
Contestant's Name (As of September 1, 2020)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

_____ _____
Signature of Participant Date

_____, parent/guardian of contestant, who has signed the foregoing release for entrance in the Brazoria County Fair Little Mister & Little Miss Contest and upon their oath deposes and say: OUR SON OR DAUGHTER, contestant above, is capable of participating and hereby give permission for him/her to participate in any event, and do hereby release Brazoria County Fat Stock and Fair Association, Inc. stock contractors and owners, and all of their officials, employees, representatives, and all other personnel connected with said event, for any and all liability in case of accident or injuries or damages to said contestant or his/her equipment, etc. and if said contestant is injured, hereby give permission and consent for him/her to be carried to a hospital and given treatment by any doctor or hospital or his or its personnel, and hereby release said doctor, hospital and personnel for transporting contestant to hospital and administering necessary treatment, if any.

_____ _____
Signature – Parent or Guardian Date