

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____, member of the _____
(Print Player Name) (Print Team Name)

team acknowledge that I have voluntarily applied to participate in the following activities at the Lodi Grape Festival:

2020 LODI GRAPE FESTIVAL BASKETBALL TOURNAMENTS

I AM AWARE THAT THE ABOVE-DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

PARENT OF GUARDIAN’S INITIALS (If under 18): _____

As consideration for being permitted by the Fair, the County of San Joaquin and the State of California to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the Fair, the County or the State of California or any of their affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent or contractor of the Fair, the County or the State of California or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair, the County and the State of California and any of their affiliated organizations from any and all action, claims or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDESTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE COUNTY AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATION AND SIGN IT OF MY OWN FREE WILL.

Executed at Lodi, California on _____
Date

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Address: _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.