

**WASHINGTON COUNTY
EASTERN COLORADO ROUNDUP
COLORADO STATE UNIVERSITY EXTENSION
WASHINGTON COUNTY 4-H and FAIR ACTIVITIES**

Your signature below indicates that your child has your permission to participate in one of the following activities and sets forth important legal rights which you may forfeit by allowing his/her participation.

WAIVER AND RELEASE OF LIABILITY
(Youth – 18 years of age and under)

On behalf of _____, and concerning my legal right as a parent/guardian to bring suit on behalf of said minor, I _____ hereby release and waive any and all legal claims I may have against Washington County, Eastern Colorado Roundup, Colorado State University Extension, and their elected officials, appointed persons employees, and representatives that may be made by me or on my behalf, my child, my spouse, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the following activities:

I understand that participation in this activity or activities involve certain risks, which could cause serious injury. If this activity involves equine activity as defined in C.R.S. 13-21-119 every child that participates in the aforementioned activity will be given safety instructions, but Washington County, Eastern Colorado Roundup, Colorado State University Extension, and its elected officials, appointed persons, employees, and representatives cannot guarantee that injuries will not occur based upon the inherent danger of some activities. On behalf of the above-named individual, I acknowledge the danger involved and agree to accept all risks of their participation. I also agree to indemnify and hold harmless those listed above for all claims arising out of my child's participation in the Washington County 4-H and Fair activities and all related activities.

COVID-19 Health Advisory and Notice of Acknowledgement and Assumption of Risk – I understand that the use of any Washington County indoor or outdoor venue, playground, park, pool, or other recreational facility by any individual, organization or group, participant or spectator, constitutes the acknowledgement and assumption of any and all health risks associated with such use, including but not limited to the inherent risk now present of COVID-19 in Washington County or the State of Colorado.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and agree that if any portion of this agreement is ruled invalid by a court of law, the remaining provisions will continue in full legal force and effect.

I am the parent or legal guardian of the aforementioned individual and I have the authority to execute this release on behalf of my spouse and children (if applicable). I am of legal age and am freely signing this waiver and release of liability on behalf of my child, my spouse (if married) and myself. **I HAVE READ THIS FORM AND UNDERSTAND THAT BY SIGNING THIS FORM, I AM GIVING UP LEGAL RIGHTS AND REMEDIES ON BEHALF OF MYSELF, MY CHILD, MY SPOUSE, ESTATE, HEIRS AND/OR ASSIGNS.**

(Signature of Parent or Legal Guardian)

Date