



## PARTICIPANT RELEASE AND PROOF OF INSURANCE FORM

---

1. **AGREEMENT:** As consideration for being allowed to participate and/or compete in the Lewiston Roundup, the undersigned \_\_\_\_\_ of \_\_\_\_\_ agrees to the following.
2. **ACKNOWLEDGE OF RISK:** The undersigned acknowledges that rodeos are dangerous activities and that the participation in a rodeo as wither a contestant, an employee or a volunteer exposes the participant to a substantial and serious risk of property damage, personal injury, or death. The undersigned expressly acknowledges his/her participation in the rodeo will involve such hazard.
3. **RELEASE OF LEWISTON ROUNDUP ASSOCIATION AND SPONSOS:** The undersigned, being fully aware that participation in the rodeo will expose him/her to a substantial and serious risk of property damage and/or personal injury or death, herby releases the LEWISTON ROUNDUP ASSOCIATION and all SPONSORS from liability for any and all property damages, personal injuries or other claims arising from the undersigned's participation in the rodeo including those that are known and unknown, foreseen and unforeseen, future or contingent.
4. **COVENANT NOT TO SUE:** The undersigned covenants that the undersigned shall not now or at any time in the future, directly of indirectly, commence or prosecute any action, suit or other proceeding against the LEWISTON ROUND ASSOCIATION or SPONSORS) or their officers, directors, employees, agents or affiliates) concerning, arising out of, or related to the actions, cause of action, claims and demands herby waived, released or discharged by the undersigned.
5. **ASSURANCE:** The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.
6. **LIABILITY AND/OR INJURY INSURANCE:** The undersigned participant herby represents that he/she is covered by proper liability insurance and/or injury insurance by the following company, \_\_\_\_\_ and the policy number is, \_\_\_\_\_

**BINDING EFFECT:** This release shall be binding upon the undersigned and the undersigned's spouse, legal representatives. Heirs, successors, and assigns. This release and Proof of Insurance Form has been carefully and fully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily execute and delivered this document as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**PLEASE SIGN AND DATE EVEN IF YOU DO NOT HAVE PERSONAL INSURANCE COVERAGE**

**Participant:** \_\_\_\_\_

**CONSENT OF PARENT OR LEGAL GUARDIAN:** I \_\_\_\_\_, have read the above release in full and I fully understand its terms and conditions and I hereby voluntarily execute and deliver this consent to \_\_\_\_\_'s participation in the LEWISTON ROUNDUP. I further agree to be fully bound by the Release's terms and conditions in both my individual and in my capacity as parent or legal guardian for the undersigned.

**Parent or Legal Guardian:** \_\_\_\_\_