

Florida Parishes Arena / Tangipahoa Parish Government

PO Box 215
Amite, LA 70422
(985) 748-5914

Release and Waiver Of Liability Form

Please complete fully

PLEASE READ AND UNDERSTAND EACH AND EVERY PART OF THE FOLLOWING FORM. SIGNING THIS FORM MAY AFFECT THE LEGAL RIGHTS AND REMEDIES YOU HAVE IF AN ACCIDENT OR INJURY OCCURS. IF THERE IS ANYTHING IN THIS FORM YOU DO NOT UNDERSTAND YOU SHOULD CONSULT AN ATTORNEY.

Quad Barrel Racing – Friday & Saturday, February 26 & 27, 2010

PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY/STATE: _____

ZIP: _____ PHONE: _____

EMERGENCY PHONE: _____

I, the undersigned Participant (Parent/Guardian must sign if a child under the age of 18 years is being registered), expressly waive, relinquish and discharge the PARISH OF TANGIPAHOA, a political subdivision of the State of Louisiana, the FLORIDA PARISHES ARENA, the TANGIPAHOA PARISH GOVERNMENT, their officials, officers, employees, agents and any other natural person associated with such entities (herein collectively called the "PARISH") from all claims and causes of action that the undersigned ever had, now has, or may have in the future, whether known or unknown, foreseen or unforeseen, suspected or unsuspected, anticipated or unanticipated, that the undersigned or any person claiming through me may have or claim to have against the PARISH created by, arising from, related to, or in any way connected with the participation or involvement of the Participant in the above-described program or activity.

The undersigned agrees to indemnify the PARISH from and against all liability, claims, obligations, actions, causes of action, demands, rights, damages, costs, expenses, losses or compensation of whatever kind or nature, fixed or contingent, that the PARISH may sustain or incur as a result of claims, demands, costs or judgment arising from the participation or involvement in the Participant in the above-described program or activity.

In case of Participant's accident, injury or illness, the PARISH has the undersigned's permission to secure emergency medical attention as deemed necessary if the PARISH is unable to communicate with the undersigned immediately. The undersigned understands that participation in the above-described program or activity does not mean the Participant is included or covered under any program or policy of insurance for the PARISH, and participation or registration in the program or activity shall not be construed to obligate the PARISH for payment of any costs incurred by Participant due to accident, injury, illness or any other cause. The undersigned intends this Waiver to be binding upon the undersigned and spouse (if applicable), my heirs, my legal representatives, my agents, my partners, my associates, my employees, my servants, my assigns and all other whomsoever.

Participant Signature (if 18 or older)

Date

Parent/Guardian (if under 18)

State of _____ Parish of _____

Signed and sworn to before me on this _____ day of _____, 2010

Notary Public

Witness

Witness