

**WAIVER/RELEASE FOR THE  
2024 FAIR PARADE, EVENTS  
AND COMMUNICABLE DISEASES INCLUDING COVID-19**

**Name of Group** \_\_\_\_\_

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate at the Fair Parade 2024 and/or related events and activities included but is not limited to listed events/activities:

1. I fully understand that my participation in the 2024 Fair Parade (hereinafter "event") which includes but is not limited to events and activities such as parade, games, vendors, activities, Volunteers, Committee Members, which exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and agree to assume any such risks.
2. I hereby release, discharge, hold harmless and agree not to sue The Fair Committee or City of Norco for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the events from whatever cause, including the active or passive negligence of The Fair Committee or City of Norco or any other participants in the events.
3. In consideration for being permitted to participate in the event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless The Fair Committee or City of Norco from any and all claims, demands actions or suits arising out of or in connection with my participation in the events.
4. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
6. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Fair Committee or City of Norco, George Ingalls Equestrian Event Center their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event.  
("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Name of participant: \_\_\_\_\_ Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Name of Group** \_\_\_\_\_

I have read and understood the Waiver/Release for the 2024 Fair Parade, Events and Communicable Diseases:

1. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
2. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
3. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
4. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
5. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
6. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
7. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
8. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
9. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
10. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
11. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
12. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
13. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
14. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
15. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
16. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
17. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
18. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
19. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_
20. Name of participant: \_\_\_\_\_ participant or parent's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_