Davidson County Agricultural Fair



APPLICATION FORM

| Baby's Name: | | | | _ |
|--|--|--|---|---|
| Baby's Date of Birth | | | | _ |
| Parent's Name: | | | | _ |
| Address: | | | | _ |
| Email: | | | | _ |
| Phone #: | | | | _ |
| | | | | |
| WAIVER AND RELEASE (| OF LIABILITY | | | |
| the right of my child to par or personal representative waive any and all rights, cl Activity, and do hereby rela Inc., and Davidson Pediatri their affiliates, managers, successors and assigns, for | ticipate in the Activity, I here s, knowingly and voluntarily aims or causes of action of a ease and forever discharge L ics and Adolescent Care, loca members, agents, attorneys, | eby, for myself, my heirs enter into this waiver a ny kind whatsoever aris exington Kiwanis Club, l eted at Davidson County staff, volunteers, heirs, al injury, including but n | e "Activity"), and as consideration s, executors, administrators, assign and release of liability and hereby sing out of my participation in the Davidson County Agricultural Fair, y, Lexington, North Carolina 27292, representatives, predecessors, not limited to illness, paralysis, dearny participation in the | |
| (Signed) | | _ | (Date) | |

Parent or Guardian of: