



APPLICATION FORM

Baby's Name: _____

Baby's Date of Birth _____

Parent's Name: _____

Address: _____

Email: _____

Phone #: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the Diaper Derby (the "Activity"), and as consideration for the right of my child to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Lexington Kiwanis Club, Davidson County Agricultural Fair, Inc., and Davidson Pediatrics and Adolescent Care, located at Davidson County, Lexington, North Carolina 27292, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity.

(Signed)

(Date)

Parent or Guardian of: _____