

**PARENT RELEASE**

We/I, the parent(s) or legal guardian of \_\_\_\_\_, in consideration of payment of costs by the conference/event permitting the registrant to attend the Wyoming State Fair from August 12-20, 2017 in Douglas, Wyoming on behalf of myself, my heirs, executors, administrators, successors and assigns, hereby waive release any and all rights and claims for damages which I have against you, the Wyoming State Fair and Wyoming FFA Association as well as any other person connected with the event and heirs, executors administrators, successors and assigns for any and all injuries or other liability which may occur to the registrant while taking part in the Wyoming State Fair or as a result thereof. I do hereby voluntarily consent to allow such diagnostic procedures and hospital care and to such medical or x-ray treatment by the attending physical, his assistants or his designees as is necessary in their judgment for my child. I further agree to arrange and provide responsible transportation for the registrant to and from the Wyoming State Fair.

\_\_\_\_\_  
Parent(s) or Legal Guardian

\_\_\_\_\_  
Date

**STUDENT RELEASE**

I, the student applicant named above, hereby acknowledge my application to attend the Wyoming State Fair to be held August 12-20, 2017 in Douglas, Wyoming. I represent that I will abide by all rules and regulations set forth by the event directors during my stay at the fair. I further agree to attend the mandatory Exhibitor Meeting to be held early on in my stay. In consideration of payment of costs by the event permitting me to attend the Wyoming State Fair in Douglas, on behalf of myself, my heirs, executors, administrators and assigns and hereby waive, release any rights and claims for damages which I may have against you, the Wyoming State Fair, The Wyoming FFA Association as well as any person connected with the fair and heirs, executors, administrators, successors and assigns for any and all injuries or other liability which may occur to me hereby voluntarily consent to such diagnostic procedures and hospital care and to such medical or x-ray treatment from my attending physician, his assistants or his designees as is necessary in their judgment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date