

MOUNTRAIL COUNTY FAIR ASSOCIATION
HOLD HARMLESS AGREEMENT AND RELEASE FORM
FOR PERSON ABOVE AGE 18 TO PARTICIPATE (Under 18 years old see Side #2)

I, _____, the undersigned, have the authority to execute this Hold Harmless Agreement and Release and make the following declarations:

1. By signing this document below, I acknowledge that I have agreed to all of the listed terms on this Hold Harmless Agreement and Release Form that is valid from **September 1st, 2026 to August 31, 2027** for the Mountrail County Fair Association.
 - a. *To revoke this agreement at any time, please the undersigned must complete a Revoke Waiver Form and submit it to the Mountrail County Fair Association, PO Box 40, Stanley, ND 58784. Form can be found at the Mountrail County South Complex located at 8103 61st St NW, Stanley, ND 58784.*
 - b. *I understand that by revoking this agreement, I will no longer be able to participate in equestrian events, activities, riding, etc. that take place on the Mountrail County Fair Building premises.*
2. I am registered and/or willingly agreed to participate within, but not limited, the following activities: Team roping, calf roping, steer wrestling, private riding session, etc.
3. I acknowledge that the activity is taking place at the Mountrail County Fair Building in Stanley, North Dakota
4. I understand and recognize that I am responsible for my own well-being and the well-being of the other participants.
5. I understand and recognize that I am responsible for the well-being of my animals that are present during an activity.
6. I understand and recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines and/or rules of the activity, supervisors, and/or coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with the Mountrail County Fair Association or the County of Mountrail.
7. I understand and recognize that I am to follow all posted guidelines and rules posted by the Mountrail County Fair Association.
8. I fully understand and recognize the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating within any activities, which could also include the loss of life, serious loss of limb, or loss of property.
9. I understand that the consumption of alcohol and/or the use of drugs are strictly prohibited and could result in my dismissal from further participation within any Mountrail County Fair Building activities.
10. I understand that any personnel or agents also participating within my activity are not necessarily medically trained to care for any physical or medical problems that may occur during this time period.
11. I understand that neither Mountrail County or the Mountrail County Fair Board carries medical or liability insurance for me while I am participating within an activity.
12. By signing this document below, I acknowledge that I have adequate medical and hospitalization insurance for any and all injuries that I may incur as a result of my participation in an activity.

NOW, THEREFORE, in consideration for being allowed to participate in an activity, I agree to hold the supervisor(s) and/or coordinator(s) of the activity, Mountrail County, Mountrail County Fair Association, their agents, board members, officers, employees, and volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and/or otherwise, which I may incur as a result of my participation in an activity, even if due to the negligence of any one or a combination or several of the above-named parties.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the understand.

Dated this ____ day of _____, **20__**

Participant Name (Print) - 18 & Older

Witness Name (Print)

Participant Name (Signature) - 18 & Older

Witness (Signature)

MOUNTRAIL COUNTY FAIR ASSOCIATION HOLD HARMLESS AGREEMENT AND RELEASE FORM

WAIVER AND ACKNOWLEDGEMENT OF PARENT OR GUARDIAN

FOR PERSON UNDER THE AGE OF 18 TO PARTICIPATE (18 years and older see Side #1)

As a parent/guardian of _____, who is less than 18 years of age, I have read the terms of the Agreement on page #1, and I understand and agree to all the terms and conditions contained therein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Mountrail County and/or Mountrail County Fair Association, board members, their agents, officers, employees, and volunteers, against any and all actions brought against Mountrail County and/or the Mountrail County Fair Association by the participant named on page #1 of this Agreement/Release, including, but not limited to an action brought by him or her upon reaching the age of majority.

I swear and affirm that I am authorized to execute this Agreement/Release on behalf of the above-named minor in that I have the following relationship recognized by law to that person. I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. This Agreement/Release form will remain valid for the 2024 calendar year unless revoked in by the undersigned.

By signing this document below, I acknowledge that I have agreed to all of the listed terms on this Hold Harmless Agreement and Release Form that is valid from **September 1st, 2026 to August 31, 2027** for the Mountrail County Fair Association.

1. *To revoke this agreement at any time, please the undersigned must complete a Revoke Waiver Form and submit it to the Mountrail County Fair Association, PO Box 40, Stanley, ND 58784. Form can be found at the Mountrail County South Complex located at 8103 61st St NW, Stanley, ND 58784.*
2. *I understand that by revoking this agreement, I will no longer be able to participate in equestrian events, activities, riding, etc. that take place on the Mountrail County Fair Building premises.*
3. *I understand that all youth must also follow the guidelines listed on side #1.*

Dated this _____ day of _____, 20____

Parent/Guardian Name (Print)

Witness Name (Print)

Parent/Guardian Name (Signature)

Witness Name (Signature)

**** PARTICIPANTS 18 YEARS AND OLDER: COMPLETE SIDE #1 ONLY**