

# Philomath Frolic & Rodeo, Inc.

## Release Form

The undersigned is aware of the inherent risk of participation and as a condition of the undersigned's participation in the PHILOMATH FROLIC & RODEO celebration, hereby releases PHILOMATH FROLIC & RODEO, INC., it's agents, affiliates, officers, directors and volunteers from any liability, claims, demands, and causes of action whatsoever for any loss, damage, injury or illness arising out of the undersigned's participation as a participant in the PHILOMATH FROLIC & RODEO celebration.

The undersigned further agrees that this release shall constitute a covenant and a promise to sully discharge all of the above named parties from any and all liability of any kind for any injuries, loss, damage or death, which may result from the aforementioned activity. The undersigned agrees to indemnify and hold PHILOMATH FROLIC & RODEO INC., it's agents, affiliates, officers, directors and volunteers harmless from all costs associated with any medical care and related transportation that may incur through participation in the PHILOMATH FROLIC & RODEO celebration.

I have carefully read the foregoing release language and understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Drivers license number of person driving vehicle: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

ALL DRIVERS MUST HAVE PROOF OF INSURANCE FOR VEHICLE IN PARADE  
ALL HORSE ENTRIES MUST CONTACT PARADE CHAIR PERSON FOR  
INFORMATION ON INSURANCE REQUIREMENTS Insurance

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
\_\_\_\_\_ Full Coverage \_\_\_\_\_

Liability

Mail or Drop Off to Frankie Anderton, 2492 Chapel Drive, Philomath, OR 97370