

# COUNTY OF GILPIN

## 2017 Waiver Form

PO Box 366, Central City, CO 80427  
Phone: (303) 582-5214 FAX: (303) 582-5440

### PLEASE PRINT

PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(if under 18)

PARENT(S) NAME (if participant is under 18 years. old) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBERS Day \_\_\_\_\_ Evening \_\_\_\_\_

EMAIL: \_\_\_\_\_

### WAIVER

By signing below, I acknowledge that all activities and that may result in accident, loss, damage, injury, or death, including injury or death of myself or any animal I may use in such activities and functions at the Gilpin County Fairgrounds. With full knowledge of these risks and dangers, and intending to be legally bound, I hereby agree for myself and my family, on behalf of all of my family and heirs, to release the County of Gilpin and all of its representatives, agents, employees, directors, officers and members from any and all liability, claims, demands or any cause of action, and not to sue or otherwise make any claims against the County of Gilpin or any of its representatives, agents, employees, directors, officers or members, regardless of whether such claims are based on negligence of the County or third parties. I understand that negligence includes the failure to do an act, which a reasonably careful person would do, or the doing of an act which circumstances, to protect himself or herself, or others from accident, loss, damage, injury or death. I agree to be solely responsible for my own safety and to take every precaution to provide for the safety and well-being of others, while participating in activities or functions conducted at the Gilpin County Fairgrounds. This release and waiver is given in the interest of permitting the Flea Market to exist and serve in the community. My release and waiver is given in exchange for my or my family's participation in the Flea Market. This release and waiver has no expiration date.

Participants in flea markets such as this one do so at their sole risk. Insurance coverage of any type is not provided by the County, its' Board of County Commissioners, appointed boards, its employees, its agents or its assigns, regarding any injury, loss or liability that may arise through the participation in fair or special events.

I understand this waiver could affect my legal rights and I acknowledge that I have had the opportunity to consult with a lawyer before signing this waiver, and that I am executing this waiver for and in consideration of the County authorizing me to enter on to County property for the purpose of participating as a seller in a flea market to be held on Friday, June 9 and Saturday, June 10, 2017.

*I have read and understand this waiver.*

*Adult Participant's Signature or Signature of Parent/Guardian:*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Minor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_