



REGISTRATION and WAIVER OF LIABILITY for Tractor Ride

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE (optional) _____

I, the undersigned participant, acknowledge that I am signing this Authorization and Waiver/Release of Liability in consideration of Cleghorn Lions Club, permitting me to participate in today's event. I acknowledge and fully understand that I will be engaging in activities that involve risks of serious bodily injury, including permanent disability or death, risk of severe economic and social loss, and other risks either not known to me or not readily foreseeable at this time, which result not only from my own actions, inactions, or negligence, but also from action, inaction, or negligence of others, the condition of the premises, or the condition of the tractors or any other equipment used. I understand and agree that signing this Authorization and Waiver/Release, I am representing that I am physically able and sufficiently trained to participate in today's event and that I am assuming full responsibility for all of the foregoing risks and accepting full personal responsibility for any losses, costs, or damages resulting from my participation in today's event.

I understand and agree that by signing this Authorization and Waiver/Release of Liability, I am agreeing to release, discharge, covenant not to sue, indemnify and hold harmless Cleghorn Lions Club and its directors, officers, agents and associated personnel from any and all liability, claims, demands, losses, injuries, damages or costs, including attorney fees, associated with or arising from my participation in any activities during today's event. I understand that this Authorization and Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian *ad litem* for said children.

I acknowledge that I have read this Authorization and Waiver/Release of Liability and that I understand the word and language in it. I understand that I am giving up substantial rights by signing this Authorization and Waiver/Release of Liability and I sign below voluntarily. I intend by my signature that this Authorization and Waiver of Liability be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Authorization and Waiver/Release is held to be invalid the balance, notwithstanding, shall continue in full force and effect. This Authorization and Waiver/Release of Liability shall be governed by all purposes by Wisconsin law, without regard to the law of conflicts of law.

NAME(printed) _____

SIGNED _____

DATE _____

