

CLINTON COUNTY

PARTICIPANT WAIVER OF RESPONSIBILITY FORM

I, the undersigned, by participating in (*enter name of event*)
_____ sponsored by (*enter
name of sponsor*) _____
understand and agree that such activity has certain inherent risks that can and
do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, agree to release Clinton County, its' elected officials,
employees or volunteers from all claims resulting from any and all injuries
sustained while participating in the aforementioned event, except that arising out
of the sole negligence of the Clinton County, its' elected officials, employees or
volunteers.

**If participant is a minor (under the age of 18), a parent or legal guardian
must sign this form.**

Name and Address of Participant (**PRINT**)

Signature (**IF 18 or OLDER**) (Date Signed)

Name of Parent/ Legal Guardian - if participant is less than 18 years old (**PRINT**)

Signature of Parent/Legal Guardian – if participant is less than 18 years old (Date Signed)