

McLean County Food & Farm Fun Zone Waiver & Photo/Video Release

Assumption of the Risk. On behalf of myself or my child, I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, illnesses, damages or loss, regardless of severity, that may be sustained by participation. I expressly and specifically assume responsibility for all known or unknown risks of injury or harm related to such participation.

Release and Waiver. I, personally and on behalf of my heirs, assigns, executors and administrators (and for any other party who may claim under or through me), release, discharge, and hold harmless the McLean County Fair, McLean County Farm Bureau®, McLean County Ag Expo, and their agents, employees, officers, directors, members, successors, assigns, and affiliate organizations, including without limitation parents and subsidiaries, (collectively the "Released Parties") from all liability, claims, actions, and demands which may arise from or relate to participation. I understand I am discharging the Released Parties from any liability or claim that may exist against them with respect to any injury, illness, death or property damage that may result from my participation, whether caused by negligence of the Released Parties or otherwise.

Photo/Video/Audio Release I grant the Released Parties, the permission to record and/or disclose my (or my child's when noted below) identity, including, but not limited to photograph, image, likeness, and voice ("Identity") and to use, reproduce, and distribute video and/or sound recordings, films, photographs, transparencies or other recordings of me (or my child when noted below) arising out of my participation. Such use, reproduction, and distribution may be done in whole or in part in any media for any purpose on behalf of the Released Parties, in its publications, webpages, social media or to otherwise promote its programs in posters, audio/video presentations or other displays. My (or my child's when noted below) identity may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing the Released Parties' programs.

In addition, I waive all claims to compensation or damages based on the use by the Released Parties of my (or my child's when noted below) identity. I also waive the right to inspect or approve the finished photograph, video or audio recording, or other recording.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois. I agree that in the event any part of this Release is held to be invalid by any court of competent jurisdiction; such invalidity shall not otherwise affect the remaining parts of this Release which shall continue to be enforceable.

I understand that this release is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I warrant that I have the full right and authority to grant this release and that I am at least 18 years of age. I further attest that I have read this release form and fully understand its contents.

Adult Volunteer or Parent/Guardian Name

Child's Name

Address

Address

City/State/Zip

City/State/Zip

Adult Volunteer Signature
or Parent/Guardian Signature (if minor)

Date