



VOLUNTEER APPLICATION

Please return to: office@sanbenitocountyrodeo.com

Personal Information:

First & Last Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Birthdate: _____ ***MUST BE AT LEAST 16 YEARS OLD***

Student Community Services hours?: YES / NO (Please circle one)

Name of School (if applicable): _____

Teacher Contact Information: _____

Committee Interest:

(Please note Committee and Director's name if you have been recruited)

Name: _____

Name: _____

Name: _____

I hereby certify that in consideration of acceptance of this application, I release and hold harmless the San Benito County Saddle Horse Show & Rodeo, the City of Tres Pinos, Bolado Park Event Center, and the Officers, Members, Sponsors, Employees, Agents or Affiliates thereof, and each of them, of and from all and every claim for damages which may accrue to me at any time hereafter, in favor myself, my heirs, representatives, or dependents, against said San Benito County Saddle Horse Show & Rodeo, it's Officers and Members, or any of them, by reason of injury, loss or damage which may be suffered by me to them of any of them because of any matter, thing or condition, negligence or default, whatsoever, and we hereby assume and accept the risk and danger of any hurt, thing, condition, negligence or default, of any persons whatsoever, in the exhibitions, sports, contests or parades, or at the first-aid station of any of them held or given by or under the direction of said San Benito County Horse Show & Rodeo.

Signature

Date

Printed Name

Signature of Parent/Guardian

Date

Printed Name

(If Volunteer is a minor)

PLEASE SIGN WAIVER ON REVERSE SIDE

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (“Participant”), acknowledge that I have voluntarily applied to participate in the following activities at the San Benito County Saddle Horse Show & Rodeo of Current Year held at Bolado Park Event Center.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian’s initials (if under 18): _____

As consideration for being permitted by the San Benito County Saddle Horse Show & Rodeo, the State of California (“State”), the County of San Benito (“County”), and any lessor of the fair premises (“Lessor”), to participate in these activities and use the Fair premises and facilities, I forever release the Fair, the State, the County, the Lessor, any fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SAN BENITO COUNTY SADDLE HORSE SHOW & RODEO, THE FAIR, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

Executed at _____, California on _____, 20__.

PARTICIPANT / RELEASOR

PARENT OR GUARDIAN

Signature & Print Name

Signature & Print Name

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED