ALLORA SHOW SOCIETY INCORPORATED ("THE SHOW SOCIETY")

NAM	E OF EVENT:		
DATE	S / DURATION OF EVENT:		
In this V	되어 하면 하는 건강하게 하면 있는 때 그렇게 살아가지 않아 하는데 하는데 하다 하나 하는데 없다.	Acknowledgement Form. The Society' means and includes all affiliated entities; servants or agents of the especial society and all volunteers of the Society and / or affiliated entities.	
	cipation in the Event:		
1.	Exploration does that It is a condition of consiste	ating in the Event that I do so at my own risk. I accept all risks and release the	
1.	Society from all claims, demands and proceed indemnify them against all liability for any inju-	lings arising out of or connected with my participation in the Event and ury, loss or damage arising out of or connected with my participation in the ds all of my heirs, successors, executors, personal representatives and assigns	
2.	associated with the Event are absolved from all liability arising for injury or damage to myself or my property howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the Society and any person or body directly or indirectly associated with the Event, or		
3.		may involve a risk of serious injury or even death. I accept all risks necessarily	
4.	flowing from participation in the Event. 4. I acknowledge that the Society relies on the information provided by me and state that all such information is accurate and complete.		
5.			
6. 7.	I consent to receiving any medical treatment including ambulance transportation that the Society and any person or body directly associated with the Event think desirable as required during the Event. I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Society and any person		
	person or body directly or indirectly associate	the Event at all times. I indemnify and keep indemnified the Society and any id with the Event from all claims, demands and proceedings arising out of or the rules and / or directions given to me by the Society and any person or Event.	
Signatu	re:	Date:	
Print na	ime in full:	Phone:	
Addres	5:	Email:	
f.	BEST LITTLE	2 January 1	
	ARATION OF MINORS - UNDER 18 YEARS O	OF AGE. y, your parent or guardian <u>must</u> sign this declaration.	
" ,00	are under the age of 10 years on the Event Da	y, your parent of guardian <u>intost</u> sign this declaration.	
that he		who will be years of age on the day of the Event and the in the Event. I testify that I have read the above and acknowledge acceptance of ve.	
/ s (if a deman	applicable) absolute release and discharge the Show S	executors, administrators and assigns and for the child / children / under age person Society and any person directly or indirectly associated with the Event from all claims, participation in the Event that I or the child / children / under age person / s may	
Signat	ure of Parent / Guardian:	Date:	

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Print name in full: