SOUTH OGDEN CITY– PARTICIPANT WAIVER FORM

In consideration for the privilege of participating during South Ogden Days 2026, I, the undersigned, hereby agree, on behalf of myself and all those associated with the organization or business I represent, to indemnify, defend and hold harmless South Ogden City, its agents, employees and volunteers, sponsors and community partners, from any and all loss, damages, injury, liability, and claims resulting directly or indirectly from participation in the aforementioned event. I agree to abide by the event guidelines and will communicate any problems as soon as they arise to the event managers.

EVENT: SOUTH OGDEN DAYS

Your Name:_____
Organization/Business: _____
Address:_____
City:_____State:_____Zip:_____
Phone:_____Email:_____

1. **Event**

It is my desire to participate as in the event listed above (the "Event"). Prior to my participation in the Event, I acknowledge that certain risks are associated with my participation, including physical injury due to event-related accidents, physical injury due to transportation-related accidents, illness, or even death. I acknowledge that there may be other risks inherent in my participation in the Event of which I may not be aware.

2. **Release of Liability.**

By signing this South Ogden City Participant Waiver Form, I expressly warrant I can withstand both the physical and mental demands of the Event. I expressly assume all risks associated with my participation in the Event, whether such risks are known or unknown. I release South Ogden City and its affiliates; and/or any agencies whose property and/or personnel are used in any way to assist in the Event; together with their leaders, members, employees, volunteers, and agents (collectively the "Released Parties") from any claim I may have against them because of injury, illness, or other claim that may arise during my participation in the Event. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against the Released Parties for any injury, illness, or other claim that may arise during my participation in the Event.
I further agree to indemnify and hold the Released Parties harmless from any claims arising from my participation in the Event.

1. **Publicity**.

I agree to the use of my name and photograph, without compensation, in broadcasts, newspapers, brochures and other media recorded, captured, and/or obtained in connection with the Event.

Participant/ Representative Name (print)_____

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY ME AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS VOLUNTEER WAIVER FORM. I AGREE THAT THIS DOCUMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.

_____ _____
Signature Date
(Self, or Parent or Guardian, if for a minor)