

EMERGENCY MEDICAL AUTHORIZATION

Mother's Name: _____ PM Phone #: _____

Father's Name: _____ PM Phone #: _____

Contestant's Doctor: _____ Phone: _____

Contestant's Date of Birth: _____ Date of Last Tetanus Shot: _____

Facts concerning the child's medical history including allergies, medications taken, and any physical impairments to which a physician should be alerted are: _____

This authorization is valid beginning Thursday June 10, 2010 and ending July 15, 2010. In the event reasonable attempts to contact me are unsuccessful and/or if the physician listed above is unavailable or unable to treat my child, I understand and acknowledge this authorization gives the Galveston County Fair & Rodeo, Inc., the authority to choose a physician to treat my child in the event of accident, injury, illness, or any life threatening situations. I further understand and acknowledge that the Galveston County Fair & Rodeo, Inc. is authorized to take my child to a hospital of the Fair Management's choice if I am unavailable to make the decision. **I understand and acknowledge that all charges incurred in connection with the treatment of my child will be borne by me as Parent/Guardian of Contestant and I hold harmless the Galveston County Fair & Rodeo, Inc., from any financial, legal or moral obligations surrounding the treatment or possible hospitalization of my child.**

Signature of Parent/Guardian Signature

Date

CONTESTANT RELEASE OF LIABILITY AND INDEMNIFICATION FORM IMPORTANT: SIGNATURE REQUIRED BY ALL PARTICIPANTS

The undersigned, with the intent of binding myself, my spouse, if any, and my heirs, legal representatives and assigns, do hereby execute this release. In consideration of the privilege of myself or my son/daughter competing in the Galveston County Fair & Rodeo, Inc., I release and discharge the Galveston County Fair & Rodeo, Inc. its successors and assigns including its officers, directors, servants, agents, employees, and legal representatives from any and all claims, present and future, known and unknown, in any manner for any loss or damage or injury to the person, animals or property of Contestant, or Contestant('s) agents, servants, family and/or employees, regardless of how such loss, damage or injury is occasioned and by whom. The Galveston County Fair & Rodeo, Inc., and Contestant further agree that Contestant will protect, indemnify and hold harmless Galveston County Fair & Rodeo, Inc., from any and all claims, suits and/or judgments, including the cost of defense of any such claim and/or suit and/or judgment(s) by, through, or behalf of Galveston County Fair & Rodeo, Inc., brought by anyone as a result of any loss, damage or injury, personal or otherwise, to any person, animal(s) or property occasioned by any action or inaction of Contestant, either solely or in conjunction with Galveston County Fair & Rodeo, Inc., or anyone else,

Contestant agrees to abide by all Rules and Regulations, published or otherwise presented, of the Galveston County Fair & Rodeo.

Contestant

Date

Parent or Legal Guardian (if minor) Signature

Date