

**LANCASTER COUNTY AGRICULTURAL SOCIETY, INC.  
COMMUNICABLE DISEASE RELATED  
HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY,  
AND INDEMNITY AGREEMENT**

Lancaster Event Center, 4100 North 84<sup>th</sup> Street, Lincoln, NE 68507

DESCRIPTION AND LOCATION OF SCHEDULED EVENT(S)

IN CONSIDERATION of being permitted to participate, compete, officiate, observe, attend, or work, in any way in the events or activities at the Lancaster Event Center (the "EVENT(S)"), I for myself, my personal representatives, heirs, and next of kin:

1. Affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days;
2. Acknowledge that I am aware that by entering the premises and participating in the EVENT(S) that there are risks to me and to those with whom I interact of exposure, directly or indirectly, to communicable disease(s) including but not limited to the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "COVID-19" and/or any mutation or variation thereof;
3. HEREBY voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE on behalf of myself or on behalf of others with whom I interact, the Lancaster County Agricultural Society, Inc., (d/b/a Lancaster Event Center), promoters, participants, event associations, sanctioning organizations or any subdivision thereof, officials, judges, exhibitors, vendors, competitors, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor, whether caused by the negligence of the Releasees or otherwise;
4. HEREBY agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my illness or death, whether caused by the negligence of the Releasees or otherwise.

I AM OF THE AGE OF MAJORITY, AM COMPETENT, AND HAVE FULL AUTHORITY TO SIGN THIS, I HAVE READ THIS COMMUNICABLE DISEASE RELATED HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING 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 of participant here

\_\_\_\_\_  
Participant sign name here

\_\_\_\_\_  
Print date here

\_\_\_\_\_  
Parent / Guardian signature if under 18 years old

**I HAVE READ THIS RELEASE**

KK\_COVID\_4/20