2009 Release of Liability Agreement

In consideration for being allowed entry into and participation in activities (the "Activities) associated with Fort Bend County Fair Association, "FBCFA", the undersigned hereby releases and discharges FBCFA; their insurance carriers; their legal representatives; their present and former corporate parents, subsidiaries, affiliates, predecessors and successors; their present and former directors, officers, employees, agents and representatives; and the respective heirs, administrators, executors, successors and assigns of any of the foregoing (collectively, the "FBCFA Parties") from any and all claims, causes of action, suits or demands for relating to or arising out of any negligent, grossly negligent and/or intentional acts on the part of the undersigned in connection with the undersigned's entry into and participation in the Activities. **The undersigned further agrees, on behalf of himself/herself and on behalf of any and all of his/her heirs successors and assigns, to HOLD HARMLESS the FBCFA Parties from and against all claims, demands and causes of action for personal injury, death or property damage, including, without limitation, all costs, expenses and legal fees incurred in defending the same, made by or through the undersigned, or on his/her behalf, relating to or arising out of any negligent, grossly negligent and/or intentional acts on the part of the undersigned in connection with the undersigned's entry into and participation in the Activities.** I further agree to venue in Fort Bend County, Texas for all purposes. The undersigned warrants that he/she has read this Release of Liability Agreement and fully understands it to be a release of all claims, known or unknown, present or future, that he/she has or may have against FBCFA.

I further certify that I have never been convicted or received deferred adjudication as a sex offender or of any crime related to abuse, assault or violence toward a child. Further, my **Date of Birth** is **Month_____Day_____Year_____** and I authorize FBCFA to review any sex offender registries under my name. I agree that if I am charged with such a crime, that I will immediately advise the President of FBCFA.

I further certify that I am 21 years of age or older and I agree to abide by all FBCFA rules and policies.

Name _____ Committee(s)

Please print *Please list all committees you are on*

Address _____ _____

City, State, Zip _____ _____

Email _____ _____

Signature _____