CITY OF LANESBORO: BUFFALO BILL DAYS
EXPRESS ASSUMPTION OF RISK AND ASSUMPTION OF LIABILITY

In consideration of my acceptance as a participant in the Lanesboro Buffalo Bill Days, I confirm my understanding that:

1. **To the fullest extent allowed by law, I agree to waive, discharge claims, and release from liability the City of Lanesboro, the sponsors of Buffalo Bill Days, and their officers, directors, employees, agents and leaders from any and all liability on account of my participation in the Buffalo Bill Day Events such as, but not limited to: Softball Tournament; Volleyball Tournament; Bean Bag Tournament, etc. to be held on Friday, July 31st, Saturday & Sunday, August 1st and 2nd, 2015. This release covers any injuries or damages that I may suffer, even if caused by negligence of City of Lanesboro, the sponsors of Buffalo Bill Days, and their officers, directors, employees, agents, and leaders, in any way connected with the Buffalo Bill Days events.**
2. **I further agree to hold harmless the City of Lanesboro, the sponsors of Buffalo Bill Days, their officers, directors, agents, employees, and leaders from any claims, damages, injuries or losses caused by my own negligence while participating in the Buffalo Bill Days Events. I understand and intend this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns, and includes any minors accompanying me for the Buffalo Bill Day's events.**
3. **I have read this document in its entirety and freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks; I agree to participate in the Buffalo Bill Day Events.**
4. **Team Representative (Captain) assumes responsibility for liability in the event of a player substitution in lieu of a signed waiver.**

Please sign below which states that you have read the above
EXPRESS ASSUMPTION OF RISK AND ASSUMPTION OF LIABILITY.

Team Name: _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

If you are a minor (under age), your parent or legal guardian must sign on your behalf