



2018 LITTLE MISS & LITTLE MR.  
ASHMORE AG DAYS PAGEANT  
THURSDAY, AUGUST 23 AT 6:00PM

REGISTRATION FORM: Due Thursday, August 23

Form may be turned in to the Ashmore Municipal Office (10 W Ashmore St, PO Box 99 – Ashmore, IL) or to Cathy Welborn (111 E Oak St – Ashmore, IL). ***There is no fee to enter the pageant.***

(This form may be folded, taped, and mailed.  
Please fold in such a way that Child's name & info is tucked in and not visible.)

Place Stamp Here.  
The Post Office  
will not deliver  
mail without  
postage.

Cathy Welborn  
111 E. Oak St.  
Ashmore, IL 61912-9580

Contestant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age as of Aug 1: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

(Please list the names as you would like them to be announced during pageant.)

Tell us a little about the Contestant, such as their favorite things or things to do:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Village of Ashmore – Release of Liability**  
**READ CAREFULLY. THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for participation in the **Ashmore Ag Days** organized by the **Village of Ashmore** (“Village”), located at 10 W Ashmore St, Ashmore, Illinois 61912, and/or use of the property, facilities and services of the Village, I agree for myself and (if applicable) for the members of my family, to the following:

- 1. AGREEMENT TO FOLLOW DIRECTIONS.** I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the Village, or the employees, representatives, or agents of the Village.
- 2. ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the Ashmore Ag Days and its events, and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge the Village for injury, loss, or damage arising out of my or my family’s use of or presence upon the facilities of the Village, whether caused by the fault of myself, my family, the Village, or other third parties.
- 3. INDEMNIFICATION.** I agree to indemnify and defend the Village against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family’s use of or presence upon the facilities of the Village.
- 4. FEES.** I agree to pay for all damages to the facilities of the Village caused by any negligent, reckless, or willful actions by me or my family.
- 5. CONSENT.** I, \_\_\_\_\_ (parent/ guardian name), currently residing at \_\_\_\_\_, consent to the participation of my child \_\_\_\_\_ (minor participant’s name) in the activities of Ashmore Ag Days, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the minor participant named herein.
- 6. MEDICAL AUTHORIZATION.** In the event of an injury to the above minor during the above described activities, I give my permission to the Village or to the employees, representatives, or agents of the Village to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will be in effect for the duration of the Ashmore Ag Days activities. The Village shall have the following powers: **a.** The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital; **b.** The power to authorize medical treatment or medical procedures in an emergency situation; and **c.** The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
- 7. APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under Illinois law.
- 8. NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I so desire. I further agree and acknowledge that the Village has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
- 9. ARM’S LENGTH AGREEMENT.** This Agreement and each of its terms are the product of an arm’s length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either “for” or “against” a particular party based upon their status as the drafter of a specific term, language or provision giving rise to such ambiguity.
- 10. ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be part of this Agreement.
- 11. EMERGENCY CONTACT.** In case of emergency, please call:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_