

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name and Date of the Event: Hickory Grove Block Party 2009 August 1st

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Hickory Grove Block Party, and/or its volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.
I acknowledge that the Hickory Grove Block Party, its volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Hickory Grove Block Party. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I understand that at this event or related activities, myself and my children may be photographed. I agree to allow his/her & my photo, video, or film likeness to be used solely for Hickory Grove Neighbor Website
www.hickorygroveighbor.webs.com

_____	_____	_____	_____
Print Participant's Name	Age	Signature (Guardian Signature if under 18)	Date

_____	_____	_____	_____
Print Participant's Name	Age	Signature (Guardian Signature if under 18)	Date

_____	_____	_____	_____
Print Participant's Name	Age	Signature (Guardian Signature if under 18)	Date

_____	_____	_____	_____
Print Participant's Name	Age	Signature (Guardian Signature if under 18)	Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's participation in the activity or event, and has agreed individually and on behalf of the child, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Parent or Guardian Signature

Date

Print Witness Name

Witness Signature

Date