

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK
AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the VISTA CIVIL WAR REENACTMENT March 10 & 11, 2012, and all of its related activities, I, for myself, my successor, heirs, assigns, executors, and administrators:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area. Acknowledge that I fully understand that my participation may **involve risk of serious injury or death**, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity; **(INITIALS)** _____

2. **ASSUME ANY AND ALL RISKS** of personal injuries to myself, including, but not limited to, medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity; **(INITIALS)** _____

3. **COVENANT NOT TO SUE** or present any claim for personal injury, property damage, or wrongful death against the ANTIQUE GAS & STEAM MUSEUM, GOLD COAST FESTIVALS, INC., VISIONS IN TIME FOUNDATION and any of their officers, agents, volunteers, or employees, RICHARD WIXON, CONDIT WIXON and any of their agents, volunteers or employees, as well as my fellow REENACTORS for acts attributable to my participation in the event or activity; **(INITIALS)** _____

4. To the maximum extent permitted by law, **RELEASE, WAIVE and DISCHARGE** the ANTIQUE GAS & STEAM MUSEUM, GOLD COAST FESTIVALS, INC., VISIONS IN TIME FOUNDATION and any of their officers, agents, volunteers, or employees, RICHARD WIXON, CONDIT WIXON and any of their agents, volunteers or employees, as well as my fellow REENACTORS from any liability, loss, damage, claim, demand or cause of action against them arising from attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise; **(INITIALS)** _____

5. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from Gold Coast Festivals, Inc., Visions in Time, Inc. or Permittee/Sponsor and consent to use of these photographs, pictures, slides, movies, or videos for any legal purpose; **(INITIALS)** _____

6. Warrant that **I am in good health and have no physical condition known to me** that would prevent me from participating in this event or activity; **(INITIALS)** _____

7. Acknowledge that the Antique Gas & Steam Museum, Gold Coast Festivals, Inc., Visions in Time, Inc., the re-enacting units and Permittee/Sponsor are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above name event or activity. **(INITIALS)** _____

8. I understand that this release applies to all parties. I list the names of my minor children below on whose behalf I am empowered to sign this release. I hereby declare that the information and the birth dates of my children listed in this application are true and correct. I consent to whatever medical care might be provided or available for injury occurring during the reenactment for myself and my minor children. I authorize the personnel of Gold Coast Festivals, Inc. to contract for medical treatment for my minor children which may be required as a result of illness or injury which occurs during the participation in or while traveling to or from the reenactment if I am not available or present when the need arises. **(INITIALS)** _____

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

NAME _____ Street Address _____

PRINT

City, State & Zip _____ Phone _____

E-MAIL ADDRESS _____

SIGNATURE _____ Date _____

MINOR'S NAME _____ DOB _____

