



HOLD HARMLESS AND ASSUMPTION OF THE RISK AGREEMENT FOR PARTICIPATION IN THE FAMILY PROMISE OF JACKSONVILLE CARDBOARD CITY EVENT

For and in consideration of Family Promise of Jacksonville and CrossRoad Church allowing me to participate in the Cardboard City event on November 18-19, 2016, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against Family Promise of Jacksonville and CrossRoad Methodist Church or any of its officers, directors, trustees, agents, servants, or employees, and the right to present any claim whether the same shall arise by the negligence of any said persons, or otherwise, occurring to me as a result of my participation in the Cardboard City event and any activities incidental thereto wherever or however the same may occur and for the whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE FAMILY PROMISE OF JACKSONVILLE AND CROSSROAD CHURCH AND ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR ANY AND ALL LIABILITY. I am fully aware of the risks and hazards inherent in the Carboard City event and I hereby elect voluntarily to assume all risks of loss, damage, or injury that may be sustained by me during such event. I understand that this hold harmless and assumption of the risk agreement shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FORGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO THE CARDBOARD CITY EVENT AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

___By my signature below, I hereby certify that I am eighteen (18) years of age or older.

___I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: _____
Participant Signature *Print Name*

Date: _____
Parent Signature *Print Name*

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____ Alternate Phone: _____