



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

In consideration of Family Promise of Jacksonville (hereafter Family Promise) and Lakewood Church allowing me to participate in the Cardboard City event on November 15-16, 2024, 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 and Lakewood UMC or any of their officers, directors, trustees, agents, employees, and volunteers, 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 AND LAKEWOOD CHURCH AND ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, OR ANY AND ALL OTHER LIABILITY. I am fully aware of the risks and hazards inherent in the Carboard City event and I hereby voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by me during the event. I understand that this hold harmless and assumption of risk agreement applies not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO THE CARDBOARD CITY EVENT, AND THAT 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: \_\_\_\_\_