2017 Cypress Festival

TUG-O-WAR RELEASE & WAIVER OF LIABILITY AGREEMENT FORM

I, _____("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at the Cypress Festival (the "Festival"): As a participant in the Cypress Festival Tug O War, to be held on Saturday, June 17, 2017 in Cypress Park, Pocomoke. I will be part of team _____.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify that I am over 18. I verify this statement by placing my initials here:_____

*As consideration for being permitted by the Festival, the State of Maryland ("State"), the County of Worcester (the "County"), and any lessor of the Festival premises ("Lessor"), to participate in these activities and use the Festival premises and facilities, **I forever release the Festival, the State, the County, the Lessor, any Festival affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.** I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.*

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE POCOMOKE AREA CHAMBER OF COMMERCE, THE FESTIVAL, THE CITY OF POCOMOKE, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

Executed on: _____(date)

PARTICIPANT:

Printed Name:_____ Signature:_____

Phone:_____ Email:_____

For questions please email: Pocomokechamber@gmail.com

Or call Michelle Hickman at 410-957-1919