

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ (“Participant”), acknowledge that I have voluntarily applied to participate in the following activities at the Alturas Chamber of Commerce Fandango Days Event.

The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Alturas Chamber of Commerce or any of its officers, agents or employees for any said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

**IT IS THE INTENTION OF THE PARTICIPANT BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE ALTURAS CHAMBER OF COMMERCE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Alturas Chamber of Commerce, he/she shall indemnify and save harmless the same the Alturas Chamber of Commerce from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ALTURAS CHAMBER OF COMMERCE AND SIGN IT OF MY OWN FREE WILL.**

Executed at \_\_\_\_\_ California on \_\_\_\_\_, 2017

\_\_\_\_\_  
PARTICIPANT/RELEASOR

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM.**