

CIVIC CHALLENGE WAIVER

2014 – 2015 Okaloosa County Civic Challenge

Please Read Carefully Before Signing!

Adult: 18 Years or Older – Minor: Under 18 Years of Age on October 31, 2015.

You must be an adult, aged 18 or older to participate! No Exceptions!

CIVIC CHALLENGE PARTICIPATION LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

I, the undersigned below, in consideration of my participation in the 2014-2015 Civic Challenge, and any related activities ("Event") wherever the (these) Event(s) may occur, acknowledge that I am aware that my participation in the Event may result in risks, which among other things, include but are not limited to scrapes, bruises, twisted ankles and various injuries to the body, including death and heat and stress related issues, and I freely assume on my own behalf all risks incidental to such participation, in consideration of my participation in the Event and in my own behalf and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal I understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise during or after such participation. I declare that I am physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorized medical treatment for me, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: employees, officers, council members, of all Cities in Okaloosa County, volunteers, employees, agents, and managers of the Okaloosa County Civic Challenge Event and associated activities, sponsors, together with their parent and the parent, subsidiary, affiliated and related entities of each of them, and the trustees, officers, directors, employees, and volunteers of any of them.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.

Participant Name _____

Signature: _____ Date: _____

Date of Birth: _____ Emergency Contact Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail: _____