

“The Encounter at the Falls”



Accident Waiver and release of Liability

I/we hereby assume all the risks from participating and or volunteering in any activity or event by way of example and not limited to any risks which may arise from negligence and or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned maintained, or controlled by them or because of their possible liability without fault.

I/we acknowledge that this accident waiver and release of liability insurance form will be used by the event holders, sponsors and organizers of the event or activity in which I may participate and that will govern my actions and responsibilities at said activities or events.

In consideration of my application and permitting me/us to participate in the event, I/we hereby take action for myself, my executors, administrators, heirs, next of kin, successors and or assigns as follows:

1. Waive, release and discharge from any and all liability; including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter may occur to me/us.
2. I/we indemnify, hold harmless and promise not to sue, including but not limited to Pendleton Historical Museum, Town of Pendleton, Falls Parks, Pendleton Community Public Library. Saint Vincent Health, Saint Johns Health System and persons representing them from any and all liabilities or claims made as a result of participation in this activity and or event, whether caused by the negligence of release or otherwise.

I/we acknowledge that the Pendleton Historical Museum, The Encounter at the Falls, Town of Pendleton, Falls Parks, Pendleton Community Public Library. and or Saint Vincent Health, Saint Johns Health System and persons representing them are not responsible for the errors, omissions, acts or failure to act of any party or entity conducting a specific event or behalf or independent of “The Encounter at the Falls” A living history presentation.

I/we hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I/we certify that I/we have read this document and the attached set of rules and I/we fully understand their contents. I/we am aware that this is a release of liability and is a contract, and I/we sign of my/our own free will.

All participants must sign this release, all participants that are minors must have a guardian or parents signature with theirs.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

If additional signatures are needed sign and date on the reverse side of this form.