

CENTRAL FLORIDA ACCESS-LIFE EXPO LIABILITY WAIVER

The Undersigned, in consideration of being allowed to participate in any way in the ACCESS-LIFE EXPO, and related events and activities, I for myself, my executors, administrators, heirs, next of kin, successors, and assigns:

I hereby agree to be bound by and comply with all event, federal, and state rules and regulations. I expressly assume all risk(s) associated with each event activity and I hereby release ACCESS-LIFE, Synergy, FISHING WITH FRIENDS, the City of Ocoee, involved organizations, all sponsors, and event volunteers, staff and officials, including, but not limited to each of their respective employees, officers, directors, managers, members, insurers and representatives (collectively "Releasees") from all claims or injury and/or damage arising out of, or related to and/or incurred in connection with any ACCESS-LIFE event(s). I hereby agree to indemnify, defend, and hold harmless Releasees from and against any and all demands, claims, causes of action, (including, but not limited to, causes of action in contract, tort, strict liability or otherwise, and specifically including, but not limited to, any claim of negligence and/or fault of any Releasee), fines, penalties, damages, liabilities, judgments, and expenses (including, without limitation, reasonable attorneys' fees) incurred in connection with or arising out of my participation and my family's participation in any ACCESS-LIFE event. I hereby grant ACCESS-LIFE, the unconditional, royalty free, perpetual, right and license to use my name, voice, and photographic likeness in connection with ACCESS-LIFE promotions, television shows, and/or articles and press releases. I agree that I am not entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the event director reserves the right to deny my entry for any reason. By signing this application I agree that I have sufficient health, accident, and liability insurance to cover any bodily injury or property damage incurred by myself or others as a result of my participation in any ACCESS-LIFE event. If I have no such insurance, I declare that I am capable of paying for any and all such expenses or liability. I understand that I am responsible for paying all local, state, and federal taxes, title, license and registration as a result of my participation in any ACCESS-LIFE event. I agree that sole and exclusive venue for the determination of any claim or controversy arising out of or related to any ACCESS-LIFE events shall be in State District Court, Lake County, FL, where the principal office of ACCESS-LIFE is located. Should it become necessary for ACCESS-LIFE or any Releasee to incur attorney's fees and costs to enforce this Release, I agree to pay the attorneys fees thereby expended, or for which liability is incurred. If this is a family event, I agree that my family, if absent from signing this Release, understand(s) all statements, rules, and regulations stated above and has given me express permission to sign on their behalf. By signing this Release, I am stating that my family and I both agree to these terms.

(A) Waive and release any and all claims that I, or minors under my care, may have against ACCESS-LIFE, Synergy, FISHING WITH FRIENDS, the City of Ocoee, involved organizations, all sponsors, and event volunteers, staff and officials, including, but not limited to each of their respective employees, officers, directors, managers, members, insurers and representatives or any one or more of them or their executors, administrators, heirs, next of kin, successors, or assigns (the Releasees), including any and all claims for damage caused by the negligence of any of them, arising out of my participation and their related activities, together with any costs, including attorneys' fees that may be incurred as a result of any such claim whether valid or not, and

(B) Indemnify and hold harmless the Releasees and each of them against any such claim that I or my guests or any one or more of them or my or their executors, administrators, heirs, next of kin, successors, or assigns may have or assert and against any cost including attorneys' fees with respect thereto.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOUNTARILY WITHOUT AND INDUCEMENT FOR MYSELF AND MINOR CHILDREN UNDER MY CARE.

PRINTED NAME of ALL Person(s) Attending: ADDITIONAL NAMES MAY BE LISTED ON THE BACK

SIGNATURE of ALL Person(s) Attending or Parent/Guardian: ADDITIONAL SIGNATURES MAY BE LISTED ON THE BACK
