RELEASE AND WAIVER OF LIABILITY AGREEMENT TOWN OF STANFORD

I,	("Participant"), acknowledge that I have voluntarily applied to the Town
of Stanford (the "Town") to participat	e in the following Town activities:
<u>Haunted Fortress 2022 – Clean</u>	ning, building, setting up, acting, and other activities
(Description of activities, which Partici	pant will engage in)
BE SERIOUSLY INJURED OR EXACTIVITIES WITH KNOWLEDG	TIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD VEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE SE OF THE DANGER INVOLVED, AND AGREE TO ASSUME
	Y INJURY, DEATH OR PROPERTY DAMAGE, WHETHER
THOSE RISKS ARE KNOWN OR	UNKNOWN. acing my initials here:
	s (if under 18):
Tarent of Guardian Sinitians	, (ii unuci 10)
and facilities, I forever release the Toy officials, directors, officers, employee "Releasees") from any and all actions guardians, next of kin, spouse and leg or property damage, related to or arisi other acts, whether directly connected	by the Town to participate in these activities and use the Town's premises wn, any Town affiliated organization, and their respective elected es, volunteers, agents, contractors, and representatives (collectively, claims, or demands that I, my assignees, heirs, distributees, parents, al representatives now have, or may have in the future, for injury, death, ng out of (i) my participation in these activities, (ii) the negligence or to these activities or not, and however caused, by any Releasee, or (iii) nese activities occur, whether or not I am then participating in the
representatives will not make a claim	s, distributees, parents, guardians, next of kin, spouse and legal against, sue, or attach the property of any Releasee in connection with any ag release. I acknowledge that I will receive no remuneration for my
	S AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I CLEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF OF MY OWN FREE WILL.
Date: 20	
2 u.c 2 <u></u> .	(Participant's signature)
	(Address)
	NDER 18 YEARS OF AGE, YOUR PARENT OR INITIAL AND SIGN THIS FORM AS INDICATED:
•	verify that the dangers of the activities and the significance of this to me and the Participant and that the Participant and I understand
Date:, 20	
	(Parent's/Guardian's signature)