

PARTICIPANT WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I hereby make application for myself and my family members including those who may be minors and or business/club/organization, and guests to voluntarily participate in the *(please list event name:)* _____ event in Fort Oglethorpe, Georgia. We understand that providing automobile, accident, personal injury and personal liability insurance is our responsibility and in lieu of providing an Insurance Coverage Certificate, we hereby certify that in the case of an accident, illness, personal injury or death, we will not hold the City of Fort Oglethorpe, its officers, agents, employees and volunteers responsible for any bodily injury, death or property damage. I hereby release any officer, agent, contractor, trustee employee or volunteer of City of Fort Oglethorpe for any claim or claims that might arise as a result of bodily injury, illness, death or property damage as a result of applicants participation in parade. I further agree to abide by the rules of the parade and in support of the parade, will require all participants to use good safety precautions during our participation.

The Undersigned expressly acknowledges that the activities of the parade (including pre and post parade activities) may be dangerous and may involve the risk of serious injury, illness, death and/or property damage. The undersigned agrees to indemnify, defend and hold harmless the City of Fort Oglethorpe, any officer, agent, contractor, trustee employee or volunteer of City of Fort Oglethorpe.

This Waiver of Liability and Hold Harmless Agreement shall be governed by the laws of the State of Georgia. The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

By signing below, the participant has read and understands the waiver as described above and agrees to hold harmless the City of Fort Oglethorpe, its officers, agents, employees and volunteers associated with the parade of any liability. I also represent that I am authorized to sign this document on behalf of myself and family members including minor children and or business/club/organization and guest.

Signature: _____ Date: _____

Printed Name: _____

Business/Club/Organization: _____

Phone Number: _____

(Please return waiver with your application form.)