

Weston County Health Services

Haunted Trail Release of Liability

1. The risk of injury from the activities involved at the Weston County Health Services Haunted Trail includes, but is not limited to the following: sprains, strains, fractures, insect bites and/or stings; and accidents involving, but not limited to, running, falling, jumping, contact with scenery, contact with other patrons and/or contact with haunters.
2. AFTER THE OPPORTUNITY TO FULLY INFORM MYSELF ABOUT THE EVENT, I KNOWINGLY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility and all risks for participation in the event.
3. I voluntarily agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE Weston County Health Services, and their officers, directors, representatives, officials, agents and/or employees, as well as their volunteers, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation of the event. I further agree to indemnify, defend, and hold harmless releases from any loss, liability, cost, claim, or damages arising from my participation in or associations with activities and events organized and sponsored by Weston County Health Services.
5. I attest and verify that, unless otherwise indicated below, I am free from all illnesses, injuries, defects that could interfere with my safe participation in the event and that I have no condition that will cause severe reaction to strobe lights, loud noises, sudden movement, or the viewing of haunters and haunted scenes. My participation in activities and events organized or sponsored by Weston County Health Services is entirely voluntary.
6. I consent to administration of first aid and other medical treatment in the event of injury or illness and hereby release and indemnify releases from all liability or claims arising out of such treatment.
7. Weston County Health Services reserves the right, in their sole and absolute discretion, to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of Weston County Health Services that might affect the health and/or safety of the participants.

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 VOLUNTARILY WITHOUT AND INDUCEMENT.

Participant name(s): _____

Responsible Party Signature: _____ Date: _____