

RELEASE OF LIABILITY AND CONSENT FOR TREATMENT AND IMAGE RIGHTS

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS- READ CAREFULLY

JOHNSONVILLE STATE HISTORIC PARK

Activity or event: Hiking for Health Festival

Dates covered by document: November 22, 2014

I, the undersigned, voluntarily make and grant this **WAIVER ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY** in favor of State of Tennessee and Johnsonville State Historic Park, the Friends of Johnsonville State Historic Park, their officers, employees, and/or agents in consideration for allowing me the opportunity to engage in the activities, events, and/or gatherings that they have organized. I have requested to participate in the Hiking for Health Festival. I understand and recognize that there are certain risks, dangers and perils connected with such participation, which I fully understand, and which I nevertheless accept and assume. I further agree that I will faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress.

For myself, my heirs, executors, administrators and personal representatives, I hereby **RELEASE and FOREVER DISCHARGE** State of Tennessee and Johnsonville State Historic Park, the Friends of Johnsonville State Historic Park, their officers, employees, and /or agents from any and all claims, demands, actions, or causes of action, on account of any damage to property or any injury to myself or on account of my death which may occur from any cause arising out of participation in these activities.

By signing this document, I agree to INDEMNIFY and HOLD HARMLESS State of Tennessee and Johnsonville State Historic Park, the Friends of Johnsonville State Historic Park, their officers, employees, and/or agents if any person should bring any action whatsoever on account of any damage to property, and/or injury to me or on account of my death which may occur from any cause arising out of or incident to participation in the activities.

I **CONSENT** to photographs and/or videos or sound recordings or other media coverage to be taken in any form without recourse. I **CONSENT** to the use of my name, image and any photographs, image, video, and sound recording and other media coverage in news and promotional materials.

I give my **CONSENT** for the State of Tennessee and Johnsonville State Historic Park to seek and provide emergency treatment for me, if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment. I understand and agree that the State of Tennessee, its officers, employees and /or agents will **NOT** make payment for this treatment.

Name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Emergency Contact: _____

Phone: _____

