

**RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS &
INDEMNIFICATION AGREEMENT**

In consideration of Cannonsburg, LLC "The Spooky Forest" furnishing services and/ or equipment to enable me to participate in The Spooky Forest. I fully understand and acknowledge that; (a) risks and dangers exist in my participation in The Spooky Forest activities; (b) my participation in such activities and/or use of such equipment may result in my injury including but not limited to bodily injury, eye injury, seizure, Covid-19, blindness, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Cannonsburg LLC, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Cannonsburg, LLC, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Cannonsburg, LLC, and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of The Spooky Forest or my participation in The Spooky Forest activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Cannonsburg, LLC. If the participant is of minority age, the undersigned parent or guardian hereby give permission for Cannonsburg, LLC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in The Spooky Forest. I grant Cannonsburg, LLC, its representatives, and its employees the right to take photographs and/or video of me and my property in connection with my participation in these activities. I authorize Cannonsburg, LLC to copyright, use and publish, in print and/ or electronically, photographs and/or video of me with or without my name for any lawful purpose.

PRINTED PARTICIPANT NAME _____

EMAIL _____

SIGNED NAME OF PARTICIPANT _____ **DATE:** _____
(Parent or guardian signature if under 18)