



Waiver of Liability

PLEASE READ THE FOLLOWING carefully before signing this waiver of liability.

On behalf of all children and adults in my care participating in activities at the Big Summer Blow-up on June 3, 2023, I acknowledge and agree to the terms and conditions of this waiver as identified below:

1. There are risks, both known and unknown, using any inflatable or amusement device and other activities, including, but not limited to physical injury, emotional injury, distress, paralysis and even death. The risk of serious injury from participating in inflatable bounce house activities, although minimal, does exist, as it does in all play and amusement activities.
2. I and the children and adults in my care who will participate in any inflatable amusement or other activities are physically, mentally, and emotionally fit to participate in such activities.
3. I am fully responsible for all children in my care and their names are listed below.
4. I, on behalf of myself, my children, my family members, children in my care, my heirs and my guests, knowingly and freely assume all risks of injury and agree to hold harmless Estill County 21st Century, Inc. and this event's presenting sponsors – Mercy Health Marcum and Wallace Hospital and CG Bank, additional partners and sponsors of this event, and their owners, managers, agents and employees with respect to any claims, demands, causes or rights of action, even if arising from the actions, acts of omission or negligence of said entities or individuals.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THOSE FOR WHOM I HAVE ASSUMED RESPONSIBILITY. BY MY SIGNATURE, I FREELY AND VOLUNTARILY AGREE TO THESE TERMS.

Clearly PRINT and SIGN your NAME for acceptance of responsibility.

NAME

SIGNATURE of Responsible Person

CONTACT NUMBER

Names of children for whom I am responsible: