



BY PARTICIPATING, YOU AGREE TO THE FOLLOWING

You will follow all instructions given by a Haunts of Hidden River Committee member, Brownsburg Police Officer, Town Representative or their agents. You will read and obey all signs. You will abide by all decisions of the Haunts of Hidden River Haunted Hayrides and it's representatives. You will not obstruct, re-route, or otherwise block tractors, gators, golf-carts, etc. on the trails. You will not climb on any trees or structures, nor will you alter the route of the trail. You will notify the event staff of any conditions which may be unsafe. You will refrain from foul or abusive language, and will not engage in arguments or physical contact of any kind. You agree to abide by all applicable federal, state and local laws.

Failure to follow any rules or instructions may result in you being ejected from the premises. The Haunts of Hidden River Haunted Hayrides, it's agents, representatives and assigns may take photographs or video of participants for promotional purposes. As a participant, you release and discharge the Haunts of Hidden River Haunted Hayrides from any and all claims and demands arising out of or in connection with the use of the photographs, or videos without limitation any and all claims for libel or invasion of privacy. The Haunts of Hidden River Haunted Hayrides reserves the right to eject or refuse any person for any reason.

_____ (Initials)

PARTICIPANT INFORMATION --- Please Print Clearly ---

Do you have any medical conditions or allergies? Yes No
 If yes, please list them on the bottom of this page.

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: ____/____/____ **Phone:** _____

Emergency Phone Number	Emergency Contact
_____	_____

**WAIVER AND RELEASE OF LIABILITY
 READ CAREFULLY THIS IS A LEGAL DOCUMENT**

For and in consideration of the above-names individual's participation in the above-identified activity/event, the parent(s) or legal guardian(s) of the participant and the undersigned waive, release and/or relinquish any and all claims, rights and causes of action including, but not limited to, claims or causes of actions for personal injury, property damage and/or wrongful death, arising out of the above-names individual's participation in the aforementioned activities/event, wherever or however they occur, and for such period said activities/event may continue. By signing this Agreement, all claims, rights and causes of action that the participant or anyone claiming on behalf of or through participant may have hereby waived, released and/or relinquished, and the participant [or parent(s)/guardian(s)] does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

It is the purpose of this agreement to exempt, waive and release Releasees from any and all liability to the above-names participant or any individual or entity claiming by or on behalf of participant for personal injury, property damage, and wrongful death or any other claim, right, or cause of action, even if such liability, claim, or cause of action is the result of the alleged negligence, if any, of Releasees. ("Releasees") shall include Town of Brownsburg, Park and Recreation Board of the Town of Brownsburg, Haunts of Hidden River Haunted Hayrides Committee, event hosts, event sponsors, other participants, other volunteers, Park and Recreation Board Members and employees, Town of Brownsburg employees, and their insurers.

In the event of any medical emergency, I authorize the Haunts of Hidden River officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child for immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they understand and have read each of the above paragraphs and have not relied upon representations of Releasees, that they are fully advises of the potential dangers of the above-mentioned activity/event, that they are signing this document voluntarily and with full knowledge of their actions, and that participant and/or participant's parents/guardians, have all legal authority to sign this Waiver and Release.

I (WE) HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. _____ (Initials)

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Please list *ALLERGIES* here: _____

