

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. THE FOLLOWING Entities OR PERSONS: KASBH INC, Kole or Amanda Snodgrass/ Volunteers, representative, agents, staff and the activity holders.
2. INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
3. I acknowledge that consumption of alcohol is voluntary and that I am responsible for my wellbeing and those around me. If I chose to operate a vehicle after consuming alcohol I do so of my own accord and will not hold Kasbh Inc, Kole or Amanda Snodgrass/ volunteers, representative, and agents liable for any damages, injuries or death that may occur. I will not sue nor pursue any legal action.
4. I acknowledge this event is taking place within all the Guidelines and mandates of the State and local County in regard to the current requirements due to the Covid pandemic. I further understand Vaccination is not required to attend this event nor is vaccination status checked for participants and will not hold Kasbh Inc liable if I contract Covid or any medical condition due to attending this event.
5. I willingly attend and participate in the activities during Kasbh Inc events. I am in no way here to report any and or all occurrences that may happen to any lawful or media entities.
6. I understand all rights to all photos taken at events and all photos are the sole property of Kasbh Inc and can be used for purpose to be designated by Kasbh Inc.
7. Non-Disclosure Agreement (NDA), a Recipient of Confidential Information may not disclose or use such Confidential Information. Recipient shall use reasonable care not to disclose to any third party Confidential Information disclosed by the other party and recipient shall not offer for sale or manufacture, or otherwise disclose to any third party devices (or related information) utilizing any of the Confidential Information, unless otherwise permitted in writing by the disclosing party.

I acknowledge that Kasbh Inc, Kole or Amanda Snodgrass/Volunteers, representatives and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve alcohol, which is consumed of my own free will and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for the volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this activity and event.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANTS SIGNATURE

DATE

(PRINT NAME)

AGE