**The Battle for The Texas Hospital**

**Release/Indemnity**

Archusa Creek Water Park, Quitman, Ms

February 18, 19, & 20, 2020

Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (and if a minor, the parent or legal guardian whose signature appears below), in consideration of the acceptance of my participation in The Battle For The Texas Hospital, do hereby agree to release and hold harmless the City of Quitman, Mississippi, Pat Harrison Water District Archusa Creek Water Park, Battle For The Texas Hospital, LLC., their agents and employees, all spectators and participants in The Battle For The Texas Hospital at and all persons upon whose property The Battle For The Texas Hospital is conducted and the agents, employees volunteers, officers, directors, members, licensees or assigns of any of the foregoing (collective, the “Released Parties”), for any injury, death, property damage or financial loss of any kind received or suffered by me due to participation in The Battle for Texas Hospital, regardless of whether such injury, death, damage or loss arises from the negligence of any Released Party or otherwise. I also agree to indemnity and hold harmless all Released Parties for any injury, death, property damage, or financial loss of any kind caused by me through my participation in The Battle For The Texas Hospital

Reenacting may be considered a hazardous activity and I am aware of, and assume, all potential risks associated with such activity. I understand that the City of Quitman, Pat Harrison Water District Archusa Creek Water Park, Battle For The Texas Hospital, LLC., makes no warranty, expressed or implied, as to the safety or use of any equipment, materials or other property used or supplied by any of the Released Parties during The Battle For The Texas Hospital.

I also agree to assign to the City of Quitman, Pat Harrison Water District Archusa Creek Water Park, Battle For The Texas Hospital, LLC, or their assigns, the right to use my image in recorded photographic images of The Battle For The Texas Hospital without restriction and do hereby waive all rights to compensation to same.

This release, indemnity and assignment shall be binding upon my successors and assigns.

I agree to abide by the laws and rules of the State of Mississippi, Clarke County, City of Quitman, Pat Harrison Water District Archusa Creek Water Park, and The Battle For The Texas Hospital. I understand that failure to do so will result in expulsion from The Battle For The Texas Hospital, Pat Harrison Water District Archusa Creek Water Park, and potential recourse from City, County, and/or State officials.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Minor, Signature of Parent or Guardian

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency CALL Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_