

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In consideration for permission to participate in performing certain activities and events at Highland Cemetery in the City of Wichita, Kansas, I state and agree, for the benefit of myself, my personal representatives, next of kin, heirs, successors, and assigns as follows:

- I. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT or EVENTS occurring at or in association with, 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.
 - II. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.
 - III. I acknowledge that 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.
 - IV. I acknowledge that *The Friends of the Wichita Pioneers*; their directors, officers, volunteers, representatives, and agents; and also *The City of Wichita*, its officers, representatives, employees 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.
 - V. I acknowledge that this activity may involve a test of a person's physical and mental limits 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 volunteers.
 - VI. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
 - VII. I understand while participating in this activity, I may be photographed. I authorize and give my consent to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns without consideration of any kind.
 - VIII. 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:
 - A. *The Friends of the Wichita Pioneers* (FWP) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
 - B. *The City of Wichita, Kansas*, its officers, representatives, employees and agents.
 - IX. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in Paragraph 8 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.
 - X. This 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.

Participant Signature	Date	Participant Name (Please print legibly)	Age
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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM - MINOR CHILD/WARD

In consideration of my minor child/ward _____ being allowed to participate in certain activities and events at Highland Cemetery in the City of Wichita, Kansas, I, the parent/guardian, acknowledge, on behalf of myself, my child/ward, my heirs and assigns agree to all of the statements, waivers and indemnifications set forth in Paragraphs 1-10 on the preceding page.

I understand while participating in this activity, my child may be photographed. I authorize and give my consent to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns without consideration of any kind.

I HAVE READ AND UNDERSTAND THE ACCIDENT WAIVER AND RELEASE OF LIABILITY AND AGREE TO BE BOUND BY ITS TERMS. I HERBY CERTIFY THAT I AM THE PARENT/GUARDIAN OF THIS MINOR CHILD AND THAT I HAVE THE LEGAL RIGHT TO ALLOW THIS CHILD TO PARTICIPATE IN THESE IS ACTIVITIES AND EVENTS AT HIGHLAND CEMETERY AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH. THIS RELEASE IS EFFECTIVE ON THE DATE SIGNED.

PARENT/GUARDIAN SIGNATURE	DATE
Parent/Guardian Name (Printed)	