



**HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT FOR PARTICIPATION IN THE FAMILY PROMISE OF NEWROCK CARDBOARD BOX CITY EVENT**

In consideration of Family Promise of NewRock (hereafter FPNR) allowing me to participate in the Cardboard City event on October 22-23,2022, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against FPNR or any of their officers, directors, trustees, agents, employees, and volunteers, and the right to present any claim, whether the same shall arise by the negligence of any said persons or otherwise, occurring to me as a result of my participation in the Cardboard Box City event and any activities incidental thereto wherever or however the same may occur and for the whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE FPNR AND ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, OR ANY AND ALL OTHER LIABILITY. I am fully aware of the risks and hazards inherent in the Carboard Box City event and I hereby voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by me during the event. I understand that this hold harmless and assumption of risk agreement applies not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO THE CARDBOARD BOX CITY EVENT, AND THAT I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

\_\_\_ By my signature below, I hereby certify that I am eighteen (18) years of age or older.

\_\_\_ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: \_\_\_\_\_  
Participant Signature Participant Print

Date: \_\_\_\_\_  
Parent Signature Parent Print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_