

**THE CYNTHIA WOODS MITCHELL PAVILION
VOLUNTEER AUTHORIZATION AND RELEASE OF LIABILITY FORM**

Name of Participant: _____ Organization: _____

Address: _____ Phone No.: _____

Event Name & Date: Children's Festival Name of Activity: Children's Festival _____

INDEMNIFICATION: I, _____, THE UNDERSIGNED, AT MY SOLE OPTION, RECOGNIZE AND VOLUNTARILY ASSUME THE RISKS ASSOCIATED WITH THE ACTIVITY ABOVE DESCRIBED, AND AGREE, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE CYNTHIA WOODS MITCHELL PAVILION, ITS OFFICIALS, AGENTS, EMPLOYEES, ASSIGNS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL ACTIONS, CLAIMS, COSTS, DAMAGES, AND COURT COSTS, INCLUDING ATTORNEYS FEES, ARISING FROM OR IN ANY WAY ASSOCIATED WITH OR ATTRIBUTED TO MY PARTICIPATION IN THE ACTIVITY, OR THE USE OF THE PAVILION FACILITY OR PAVILION EQUIPMENT THAT MAY BE USED IN CONNECTION WITH THE ACTIVITY, INCLUDING MALFEASANCE, MISFEASANCE OR NONFEASANCE.

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL. I CERTIFY THAT I HAVE NO PHYSICAL OR MENTAL IMPAIRMENT, ILLNESS OR DEFECT, EITHER LATENT OR PATENT, THAT EITHER PRECLUDES ME FROM OR INCREASES THE RISKS TO ME OF PARTICIPATING IN THIS ACTIVITY, THAT I AM NOT UNDER TREATMENT BY ANY PHYSICIAN NOR TAKING ANY MEDICATION WHICH WOULD REQUIRE SPECIAL CARE OR ATTENTION.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CYNTHIA WOODS MITCHELL PAVILION, AND SIGN IT OF MY OWN FREE WILL.

FURTHERMORE, I UNDERSTAND THAT AT ALL TIMES I AM CONSIDERED A VOLUNTEER AND SHALL NOT, UNDER ANY CIRCUMSTANCES, BE CONSIDERED NOR HOLD MYSELF OUT TO BE AN EMPLOYEE OF THE PAVILION.

Participant's Printed Name Signature of Participant Date

Signature of Parent or Guardian if the Participant is below the age of 18