WAIVER AND RELEASE OF LIABILITY

(PrintName),	
(Address) (herein after referred to as Releasor) hereby assume all risks of participating in any and all activities	
being conducted by Lovin RV Life LLC, DBA 2024 Eclipse in the Heart of Hot Springs (herein after referred to as Releasees) at 2226 N Hwy 7, Hot Springs, AR 71909 in Garland County. Camping dates: April 4 th -10 th , 2024 Event: 2024 Solar Eclipse in consideration of permitting me to camp on the above described property and participate in the activities being conducted surrounding the Solar Eclipse of April 8 th , 2024 I hereby take action for myself, my executors, administrators, personal representatives, heirs, next of kin, successors, and assigns as follows: A) I WAIVE, RELEASE AND DISCHARGE Releasees, their officers, directors, members, employees and agents, collectively releasees from any and all liability, including but not limited to, liability arising from the negligence or fault of the releasees, for personal injury, death or disability, property damage, theft, wild animals or acts of God or nature or actions of any kind which may occur at the property or while participating in the event. Also to include any expenses including but not limited to attorney and other professional fees for injury to persons, loss of life or damage to property. Releasor must assume all risks of such loss or damage and must carry their	
own insurance for such losses. B) I INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE Releasees, their officers, directors, members, employees and agents, collectively releasees from any and all liabilities or claims made as a result of participation in this activity and event, whether caused by the releasees or a third party. I acknowledge that releasees are not responsible for the errors, omissions, acts, or failure to act of any party or entity conducting or participating in the event.	
This Waiver and Release of Liability 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 FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY.	
First Name	
Last Name	
Address	

City	
State	
Zip Code	
Mobile Number	_
Birthdate	
Age	
Signature	Date
*If Participant is under 18 years old, Parent or Guardian mus undersigned parent and natural guardian does hereby representing in such capacity, has consented to his/her child particit has agreed individually and on behalf of the child, to the term of liability set forth above. The undersigned parent or guardia and hold harmless and indemnify each and all of the parties liability, loss, cost, claim, or damage whatsoever which may be parties because of any defect in or lack of such capacity to separties on behalf of the minor and the parents or legal guardian Print Minor Participants First & Last Name	sent that he/she is, in fact, pation in the Event, and his of the waiver and release an further agrees to save referred to above from all be imposed upon said o act and release said
Birthdate	
Age	
Signature of Parent/Guardian	