GATHER & GROW
RESIDENTIAL SERVICES

LIABILITY WAIVER & ASSUMPTION OF RISK

This Liability Waiver and Assumption of Risk Agreement ("Waiver") is entered into by the undersigned client ("Client") in favor of Gather & Grow Residential Services ("Company").

By signing this Waiver, the Client acknowledges and agrees to the following:

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1. ASSUMPTION OF RISK

Client understands that the use of event rental equipment, including but not limited to inflatable screens, projectors, electrical equipment, seating, and outdoor setups, involves inherent risks. These risks may include, but are not limited to:

- Trips, falls, or injuries related to equipment or cords
- Injury due to improper use of equipment
- Weather-related hazards (wind, rain, etc.)
- Electrical hazards

Client voluntarily assumes all risks associated with the use of the rented equipment.

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2. RELEASE OF LIABILITY

Client agrees to release, waive, and hold harmless Gather & Grow Residential Services, its owner, employees, contractors, and affiliates from any and all claims, liabilities, damages, or expenses arising from:

- Personal injury
- Property damage
- Loss or theft

This applies whether caused by negligence or otherwise, to the fullest extent permitted by law.

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3. CLIENT RESPONSIBILITY

Client agrees to:

- Ensure all equipment is used safely and as intended
- Provide adequate supervision, especially for children
- Keep equipment in a safe, dry, and secure environment
- Avoid use of equipment in unsafe weather conditions
- Follow all setup and usage instructions provided by the Company

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4. INDEMNIFICATION

Client agrees to indemnify and defend Gather & Grow Residential Services against any claims, damages, or legal actions resulting from the Client's use or misuse of the equipment.

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5. WEATHER & ENVIRONMENTAL CONDITIONS

Client acknowledges that outdoor events are subject to weather conditions. The Company is not liable for interruptions, damages, or cancellations due to weather.

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6. MEDICAL CONSENT

Client acknowledges that the Company is not responsible for providing medical assistance. In the event of injury, Client agrees to seek appropriate medical care at their own expense.

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7. ACKNOWLEDGMENT

Client confirms that they have read this Waiver in full, understand its terms, and voluntarily agree to all conditions.

Client Name: _____

Client Signature: _____

Date: _____

Company Representative: _____

Date: _____