### **DUNK TANK RENTAL WAIVER & RELEASE OF LIABILITY**

Company: Good vibes Entertainment LLC
Event/Location:
Date(s):
Participant Name:
Phone Number:
Email:
Emergency Contact Name & Phone:

## **ASSUMPTION OF RISK**

I understand and acknowledge that participation in the dunk tank activity involves inherent risks, including but not limited to slipping, falling, impact injuries, drowning, or other accidents that could result in serious injury or death. I voluntarily assume all risks related to participation in or around the dunk tank.

#### **RELEASE OF LIABILITY**

In consideration for being permitted to participate in the dunk tank activity, I, for myself, my heirs, executors, administrators, and assigns, hereby release and hold harmless:

Good Vibes Entertainment LLC, its owners, employees, agents, volunteers, and affiliates

from any and all liability, claims, demands, causes of action, or damages arising out of or related to any loss, damage, injury, or death that may be sustained by me or my property while participating in or around the dunk tank, whether caused by the negligence of the releasees or otherwise.

#### **INDEMNIFICATION**

I agree to indemnify and hold harmless the releasees from any loss, liability, damage, or costs, including attorney's fees, which they may incur due to my participation or presence in or around the dunk tank.

#### **RULES & SAFETY AGREEMENT**

I agree to follow all posted and verbal rules provided by the event staff or rental company. I understand that failure to comply may result in immediate removal from the activity without refund.

I affirm that:

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- I am in good physical health and capable of participating.
- I will not participate under the influence of drugs or alcohol.
- Children under 18 must have parental or legal guardian consent and supervision.

[] I grant permission to use my image or likeness in promotional	al materials.		
[] I do NOT grant permission to use my image or likeness.			
Participant Signature:	Date:		
Parent/Guardian Signature (if under 18):	Da	ite:	