



# Pointe aux Barques Maritime Museum

## Assistant Keeper Program

### POINTE AUX BARQUES ASSISTANT KEEPER PROGRAM ASSUMPTION OF RISK AND RELEASE FORM

1. Assumption of Risks, Release of Liability and Indemnification. I understand that participating as an “Assistant Keeper” in the Pointe aux Barques Lighthouse Society (PABMM) Assistant Keeper Program (Program) involves certain risks, including those incident to dealing and being in close personal contact with the public and undertaking strenuous activities, such as gardening, moving heavy items, and climbing the stairs of the lighthouse tower. Understanding such risks, and in consideration of being permitted to participate in the Program, I agree to assume all the risks and responsibilities arising out of or related to my participation in the Program, including risk of injury or loss of life and risk of loss or of damage to property. I hereby release PABMM and its officers, directors, agents, successors and volunteers (collectively, the PABMM Parties) from, and agree to indemnify the PABMM Parties from and against, any claim, loss, or liability for any injury, loss, damage, cost (including medical costs), delay, or expense arising out of or related to my participation in the Program.

2. Health and Safety. Understanding the risks involved, I hereby state that I am physically fit to participate in the Program. I recognize that the PABMM Parties are not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. I further state that, to the best of my knowledge, I do not have any contagious disease, have not been exposed to any person with any contagious disease, and have not exhibited symptoms of any contagious disease, within the past 14 days.

3. Standards of Conduct. I agree to be responsible for and to comply with all applicable federal, state and local laws, rules and regulations while participating in the Program. In addition, I agree to comply with the terms and conditions of the Pointe aux Barques Lighthouse Assistant Keeper Program Handbook and Lighthouse County Park Regulations while participating in the Program.

4. Photos/Likeness. I agree to allow PABMM to use any photograph of me taken during my participation in the Program to publicize and promote PABMM, the Program, or events sponsored by PABMM.

5. Certification. I CERTIFY THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND RELEASE FORM.

SIGNED:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_