

**RELEASE OF LIABILITY, AGREEMENT NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS**

Party Type Chosen: _____

Party Date and Activity Location: _____

In consideration for participating in this Activity, on behalf of myself, all participants, my next of kin, heirs and representatives, I **release from all liability and promise not to sue** TEEPEE SLUMBER PARTIES (TPSP) and their employees, officers, directors, volunteers and agents (collectively "TPSP") from any and all claims, **including claims of the TPSP's negligence**, resulting in any physical or psychological injury (including paralysis and fatality), illness, damages, or economic or emotional loss any individual or group of individuals may suffer because of their participation in this Activity, including travel to, from and during the Activity.

I and all participants are voluntarily participating in this Activity. We are aware of the risks associated with participating in this Activity, which may or may not include and are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or greater. I understand that these possible outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to material or equipment; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold TPSP harmless** from any and all claims, including attorney's fees or damage to any personal property that may occur as a result of participation in this Activity, including those of additional participants of the Activity. If any participant incurs any non-listed or listed types of expenses, I agree to be financially responsible for any and all costs incurred. If there is a need for medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the TPSP from all liability, (b) promising not to sue TPSP, (c) and assuming all risks for all participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Florida, I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Client/ Signature: _____ Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing TPSP from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including any all additional named and unnamed participants of the Activity.** I allow Participant, including any and all additional participants to participate in this Activity. I understand that I am responsible for the obligations and acts of ALL Participants as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian: _____

Name of Minor Participant's Parent/Guardian : _____ Date: _____
Minor Participant's Name: _____