

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

In consideration for receiving permission to participate in the **Creekview Ranch School PTA Carnival** event scheduled for **Friday, October 19, 2018**, the Vendor hereby releases, waives, discharges, and covenants not to sue **The California State PTA, the Creekview Ranch School PTA, Creekview Ranch School, Dry Creek Joint Elementary School, the Third District PTA**, its agents, volunteers, or officers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor/Releaser, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the **Creekview Ranch School PTA Carnival** and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such activity, whether caused by the negligence of Vendor/Releaser or otherwise.

I further hereby agree to indemnify and hold harmless the **Creekview Ranch School PTA**, its agents, volunteers, and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor/Releaser or otherwise.

I understand that the **Creekview Ranch School PTA** does not provide insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my own insurance portfolio.

SIGNATURE OF VENDOR /
NON-PROFIT REPRESENTATIVE: _____

PRINT NAME: _____

BUSINESS / NON-PROFIT NAME: _____

CONTACT NUMBER: _____

DATE: _____