



Benton City Chamber of Commerce
513 9th Street - PO Box 401
Benton City, Wa 99320
(509) 588-4984
Info@bentoncitychamber.org
www.bentoncitychamber.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY & ALL ACTIVITIES ASSOCIATED WITH THE BENTON CITY CHAMBER OF COMMERCE AND THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity.

I acknowledge that the Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities as said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entries or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

Participating Business Name and/or Legal Name

Address of Participating Business or Person

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE TO NOT SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge and unconditionally release and forever discharge any persons, entities, and their respective directors, officers, employees, agents, contractors, partners, shareholders, successors, assignees, parent or subsidiary entities, representatives, and NOT responsible for the errors, omissions, acts, or failures to act of any party and entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGNED IT OF MY OWN FREE WILL.

Participant's Signature _____ Date _____

Participant's Name (Print) Age (if under 18) _____

Parent/Guardian Signature _____ Date _____

(If under 18 years old, parent or guardian must sign)