

ADULT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, _____,
Print First Name Middle Name Last Name

hereby acknowledge that I have VOLUNTARILY applied to participate in pumpkin catapult/trebuchet recreational / sporting activities. I understand and I am aware that pumpkin catapult/trebuchet is a hazardous activity. I understand that pumpkin catapult/trebuchet and the use of catapult/trebuchet devices involve a risk of injury or death and that there is a possibility that I could be injured or killed while participating in this activity.

I hereby agree to, and expressly assume the risks of injury or death while engaged in pumpkin catapult/trebuchet recreational / sporting activities, whether during the preparation, loading/unloading, triggering or travel to or from the firing area.

I hereby irrevocably release the Lake County Board of County Commissioners & employees, the Lake County Library System, the East Lake County Library Staff, anyone involved in the event, participating & or spectating, property owners, their employees, volunteers, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ["Released Parties"] from all claims, rights, demands or actions for ordinary negligence which I or my successors, heirs or assigns may have against the Released Parties in connection with the East Lake County Library Pumpkin Chunkin' activities. I agree not to make a claim against or sue the Released Parties for injuries, death or property damages relating to the catapult/trebuchet activities and/or the use of the catapult/trebuchet equipment, even if any injury, death or damage is caused to me or my property is due to the ordinary negligence of the Released Parties or the dangerous condition of any property upon which the catapult/trebuchet activities may take place.

I further understand and agree that this release extends to all claims for ordinary negligence, known, unknown, suspected or unsuspected, arising out of the catapult/trebuchet activities.

I hereby agree to and accept the terms and conditions of this Release of Liability and Assumption of Risk Agreement. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between the Released Parties and the undersigned concerning this subject matter.

In the event of litigation with respect to the catapult/trebuchet activities or this agreement, the prevailing party shall be entitled to recover attorney fees and the costs of litigation. I certify that I am eighteen (18) years of age or older and that I have no medical or mental condition that prevents me from participating in the catapult/trebuchet activities. I have carefully read this Release of Liability Agreement and I fully understand it."

Team Name

Signature

Date

Print Full Name

**Please return this completed form by 10/1/2023 to the Library at the
East Lake Sports & Community Complex
24809 Wallick Rd, Sorrento, FL 32776
If you have questions, please call the East Lake County Library at 352-383-9980.**

MINOR RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, _____, the parent or Legal Guardian of
Print First Name Middle Last Name

(print full name of child)

hereby acknowledge that I have VOLUNTARILY agreed to allow said child to participate in any/all East Lake County Library activities.

I understand and I am aware that pumpkin catapult/trebuchet is a hazardous activity. I understand that pumpkin catapult/trebuchet and the use of catapult/trebuchet devices involve a risk of injury or death and that there is a possibility that I could be injured or killed while participating in this activity.

I hereby agree to, and expressly assume the risks of injury or death while engaged in pumpkin catapult/trebuchet recreational / sporting activities, whether during the preparation, loading/unloading, triggering or travel to or from the firing area.

I hereby irrevocably release the Lake County Board of County Commissioners & employees, the Lake County Library System, the East Lake County Library Staff, anyone involved in the event, participating & or spectating, property owners, their employees, volunteers, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ["Released Parties"] from all claims, rights, demands or actions for ordinary negligence which I or my successors, heirs or assigns may have against the Released Parties in connection with the East Lake County Library Pumpkin Chunkin' activities. I agree not to make a claim against or sue the Released Parties for injuries, death or property damages relating to the catapult/trebuchet activities and/or the use of the catapult/trebuchet equipment, even if any injury, death or damage is caused to me or my property is due to the ordinary negligence of the Released Parties or the dangerous condition of any property upon which the catapult/trebuchet activities may take place.

I further understand and agree that this release extends to all claims for ordinary negligence, known, unknown, suspected or unsuspected, arising out of the catapult/trebuchet activities.

I hereby agree to and accept the terms and conditions of this Release of Liability and Assumption of Risk Agreement. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between the Released Parties and the undersigned concerning this subject matter.

In the event of litigation with respect to the catapult/trebuchet activities or this agreement, the prevailing party shall be entitled to recover attorney fees and the costs of litigation. I certify that I am eighteen (18) years of age or older and that I have no medical or mental condition that prevents me from participating in the catapult/trebuchet activities.

I certify that I am eighteen (18) years of age or older and that said child has no medical or mental condition that prevents the child from participating in the catapult/trebuchet activities.

Please check, print and sign below

_____ I have carefully read this Release and I fully understand it

_____ Print Full Name of Parent or Legal Guardian

_____ Signature of Parent or Legal Guardian _____ Date

**Please return this completed form by 10/1/2023 to the Library at the
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