



Personal Liability Waiver

Date Received _____

Received by _____

Waiver and Release from Liability Form

I, _____ HEREBY WAIVE AND RELEASE, indemnify, hold Harmless and forever discharge INDIAN CULTURAL SOCIETY OF JACKSONVILLE and its agents, employees, Officers, volunteers, and agents, of and from any and all claims, demands, debts, contracts, expenses, Causes of action, lawsuits, damages and liabilities, of every kind of nature, whether Known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by or on the Premises of, or for the benefit of INDIAN CULTURAL SOCIETY OF JACKSONVILLE.

I understand that the activities that I will participate in are inherently dangerous and may Cause harm or grievous injuries, including bodily injury, damage to personal property And/or death. On behalf of myself or my heirs, assigns and next of kin, I waive all claims For damages, injuries or death sustained by me or my property that I may have against the Aforementioned released party to such activity.

By this waiver I assume any risk, and take full responsibility and waive any claims of Personal injury or death or damage to personal property associated with the INDIAN CULTURAL SOCIETY OF JACKSONVILLE associated with my involvement in any club or organization affiliated with the aforementioned released party. By my signature on this document I assume all responsibility for and personal injury, death, or damaged property that may occur while I am participating in any activity associated with INDIAN CULTURAL SOCIETY OF JACKSONVILLE and also sign this document on my own accord and not under any duress or threat of duress, without inducement, or harassment.

I certify that I am a Minor and my parents are legally authorized to sign this waiver on My own behalf. I also understand that by signing this waiver I relinquish any right or Future right to seek damages against INDIAN CULTURAL SOCIETY OF JACKSONVILLE for any harm, personal injury, death, or property damage that may occur while I am participating in authorized INDIAN CULTURAL SOCIETY OF JACKSONVILLE activities.

Date

Printed Name

Printed Name

Signature

Signature and Relationship with Minor
