

Riverhead Townscape - PO BOX 869 Riverhead NY 11901

Release of Liability

I voluntarily assume full responsibility for any & All risks or loss, property damage, or personal injury, including death that may be sustained by me, or loss and or damage to property owned by me, as a result of participation in the Riverhead Country Fair on Sunday October 8, 2023.

I hereby release, waive, discharge and covenant not to sue, The Riverhead Country Fair, Riverhead Townscape, their officers, servants, agents and employees and volunteers (hereinafter referred to as RELEASEES) from any and all liability claims, demands, actions and cause of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the event on above said date or while on the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or Inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF ALL RISK.

Participant's Signature

DATE: _____

Name (Print) _____

Address _____

City _____ State _____ Zip _____ Email _____