

# Siegfried Line: 1945

## WAIVER OF LIABILITY, RELEASE ASSUMPTION OF RISK & INDEMNITY AGREEMENT

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include Phillip Steinmetz, other event hosts, other participants, and sponsors, if any.

For and in consideration of the undersigned participant's registration to participate in the re-enactment event to be held at **274 Tatum Ln, Waverly, TN 37185** on the **19-23, February, 2019**, the participant, and parents(s) or legal guardian(s), if participant is under the age of 18, hereby waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant arising out of participation in this re-enactment event, and/or activities incidental hereto, whenever or however they occur and for such period said activities continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby waived, released and relinquished, and participant does so on behalf of participant's heirs, executors, administrators and assigns.

Participant, and parent(s) or legal guardian(s), if participant is under the age of 18, acknowledge, understand and assume all risks relating to re-enacting, and understand that World War II re-enacting involves risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefore and that I have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified in this document. I agree to abide by and be bound under the all rules and regulations set forth by this event and its host Phillip Steinmetz.

Participant, and parent(s) or legal guardian(s), if participant if under the age of 18, acknowledge that he/she has been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of World War II re-enacting and understand these waivers and releases are necessary to allow World War II re-enacting to exist in its present form.

### PLEASE PRINT ALL INFORMATION

Name \_\_\_\_\_ Unit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Participant Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if participant in under the age of 18):

\_\_\_\_\_ Date: \_\_\_\_\_