

EVENT ATTENDEE LIABILITY WAIVER

Activity: SRCA Concert in the Park & Salute to Veterans	Leader/Instructor: SRCA	Date: 11/13/2021
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Express Assumption of Risk and Waiver of Liability

- **ALL adult attendees must complete the waiver.**
- **Adults who are bringing a child or children, you MUST list each child’s full name on the waiver and sign next to each name.**
- **Prior to the event, you MUST return this completed form to glong@scottsdaleranch.org or you can mail or drop it off at the SRCA office at 10585 N. 100th Street, Scottsdale, AZ 85258. THERE WILL BE A LIMITED NUMBER OF ATTENDEES ALLOWED, THEREFORE IT IS ON A FIRST-COME, FIRST SERVE BASIS.**
- **The DEADLINE to submit the completed waiver is Friday, October 29th.**
- **Wristbands will be mailed to all attendees listed below, prior to the event. ALL attendees must have a wristband to enter the event.**

I, as the parent or legal guardian of one of the undersigned participants in the Activity listed above, am eighteen years of age or older and have voluntarily decided to participate and to permit my child(ren) to participate in the Activity listed above on property located within The Scottsdale Ranch Community Association (the “Association”) and/or the Scottsdale Ranch Park. I realize the nature of the Activity may expose my child(ren) to hazards or risks that may include, but are not limited to: cleaning supplies; other household or commercial chemicals; various native and domestic animals; native and non-native plants, fungi, and molds; disease and illness, including, but not limited to, COVID-19; broken or sprained limbs; injuries to joints or muscles; overexertion; heat exhaustion; along with other, more serious injuries, including hospitalization and death. I understand and appreciate the nature of such hazards and risks and voluntarily assume them on behalf of myself and my child(ren). I have read and agree that I and my child(ren) will comply with the Association’s COVID-19 mitigation policies, as well as its written rules and regulations for participation in the Activity, and I and my child(ren) accept responsibility to always act in a safe manner. I declare my child(ren) to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent or substantially hinder my child(ren)’s participation in the Activity.

In consideration of myself and my child(ren)’s participation in the Activity, I hereby accept all risk to health or property on behalf of myself and my child(ren) and release the Association, its directors, officers, agents, employees, or independent contractors (collectively, the "Indemnified Parties") from any and all liability to me or my child(ren), our personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to our property and for any and all illness or injury to our persons, including death, that may result from or occur during participation in the Activity, whether caused by negligence of the Indemnified Parties or otherwise. I further agree that if any litigation or claim results arising out of, pertaining to, or in relation to the acts or omissions of myself or my child(ren) during participation in the Activity, and one or more of the Indemnified Parties are named as a party or joined as a party to such litigation or claim, I agree to hold the Indemnified Parties harmless, defend and indemnify them in regard to any judgment entered against them and in regard to their litigation expenses, including but not limited to reasonable attorneys’ fees, and costs.

BY SIGNING BELOW, I DECLARE THAT I HAVE CAREFULLY READ THIS “EVENT LIABILITY WAIVER” IN ITS ENTIRETY AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR ILLNESS, INJURY OR DEATH TO MYSELF OR MY CHILD(REN) OR DAMAGE TO OUR PROPERTY THAT OCCURS WHILE MY CHILD(REN) PARTICIPATE IN THE DESCRIBED ACTIVITY, AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY CAUSED BY THE ACTS OR OMISSIONS OF MYSELF OR MY CHILD(REN) DURING PARTICIPATION IN THE ACTIVITY. I AGREE THAT COPIES OF THIS LIABILITY WAIVER AND/OR ELECTRONIC SIGNATURES ON THIS DOCUMENT SHALL BE CONSIDERED AS LEGALLY EFFECTIVE AND BINDING AS ORIGINAL SIGNATURES.

Participant Name:	My Name:	Signature:	Lot#/Address:

