

READ CAREFULLY- WAIVER AND RELEASE OF LIABILITY

In consideration of **THE STARNES FAMILY ACRES** furnishing services and/or camping facilities and/or equipment to enable me to participate in camping or other recreational activities related to the 2017 Solar Eclipse Event **UMBRA LUNA** I agree as follows:

I fully understand that there are risks, hazards and dangers associated with the services and activities provided by THE STARNES FAMILY ACRES. These risks include the uncertainties of the weather, hazards in the creek, collisions while traveling by vehicle or on foot, altercations with other campers, including altercations with other participants in the same activity, and with the uncertainty of conditions in an outdoor environment. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITES AND AM USING THE SERVICES OF THE STARNES FAMILY ACRES WITH FULL KNOWLEDGE OF THE RISKS INVOLVED AND I ACCEPT AND ASSUME ALL RISK OF THE ACTIVITES AND SERVICES WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, FORESEEABLE OR UNFORESEEN. I UNDERSTAND THAT THESE RISKS MAY INCLUDE LOSS OF PROPERTY OR INJURY TO PERSON OR DEATH.

I agree for myself and for all minors for whom am parent or guardian for my heirs, successors and assigns, that I release THE STARNES FAMILY ACRES, it’s owners, agents and employees from any and all claims, damages, and injuries, including all injuries to person or to property, arising directly or indirectly out of the activities or services provided by STARNES FAMILY ACRES. This release and the following indemnification includes any claims arising, in whole or in part from negligent acts or omissions of THE STARNES FAMILY ACRES, it’s owners, agents or employees.

I agree for myself and for all minors for whom I am parent or guardian, for my heirs successors and assigns, that I shall defend, indemnify and hold harmless THE STARNES FAMILY ACRES, it’s owners, agents and employees from all losses, claims, expenses and demand, including attorney fees, that may be incurred by THE STARNES FAMILY ACRES, it’s owners, agents and employees, that are related, directly or indirectly to my, or any minor for whom I am parent or guardian, use or participation in the services or activities provided by THE STARNES FAMILY ACRES.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS PARTICIPATION, RELEASE AND INDEMNIFICATION AGREEMENT. I INTEND BY SIGNING THIS AGREEMENT TO INDUCE THE STARNES FAMILY ACRES TO PROVIDE SERVICES AND ACTIVITIES.

Signature Date

Witness Signature Date

Print Name

Print Name

Address

Address

City State Zip

City State Zip