



RELEASE OF LIABILITY

This agreement is made by and between the(**Zone 7 Northeast Connection Show**), and
Print Name Here: _____, hereinafter referred to as "Participant".

"Participant" hereby agrees on behalf of "Participant" and "Participant's" family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom "Participant" has custody or control or serves as a guardian to release "Management" from any liability for personal injury, sickness, and/or property damage and to hold harmless and indemnify "Management" for claims of any kind made against "Management" for bodily injury, sickness, and/or property damage suffered by "Participant" while attending or as a result of attending any event being held at the DREAM Park.

I also acknowledge the risks involved include, but are not limited to, the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily and am aware of and assume any and all risks associated with my participation. I will practice proper social distancing as recommended by health department directives, good hygiene hand-washing, hand sanitizer, mask/gloves when required) and follow all other health and safety directives.

I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. Should I become ill, whether before or after attendance at any show, I understand I am required to report the illness, self-quarantine and will adhere to testing and other illness related guidelines.

By signing below, I waive all rights to bring a suit or claim against the **Zone 7 Northeast Connection Show Management, showvendors and/or their directors, officers, employees, representatives and agents** for any reason.

I, fully understand and agree to the above terms.

Date _____ 2020

Participant Signature _____

Participant Name (PRINT)

Email

Telephone

Parent / Guardian Signature (if under 18 years of age)

Date



RELEASE OF LIABILITY

This agreement is made by and between **GLOUCESTER COUNTY DREAM PARK**, owned and operated by the **Gloucester County Improvement Authority ("GCIA")** its employees, directors, servants and agents, hereinafter collectively referred to as "**MANAGEMENT**", and _____, hereinafter referred to as "**Participant**".

"Participant" hereby agrees on behalf of "Participant" and "Participant's" family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom "Participant" has custody or control or serves as a guardian to release "Management" from any liability for personal injury, sickness, and/or property damage and to hold harmless and indemnify "Management" for claims of any kind made against "Management" for bodily injury, sickness, and/or property damage suffered by "Participant" while attending or as a result of attending any event being held at the DREAM Park.

I also acknowledge the risks involved include, but are not limited to, the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily and am aware of and assume any and all risks associated with my participation. I will practice proper social distancing as recommended by health department directives, good hygiene (hand-washing, hand sanitizer, mask/gloves when required) and follow all other health and safety directives.

I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. Should I become ill, whether before or after attendance at any show, I understand I am required to report the illness, self-quarantine and will adhere to testing and other illness related guidelines.

By signing below, I waive all rights to bring a suit or claim against **Management, show vendors and/or their directors, officers, employees, representatives and agents** for any reason.

I, fully understand and agree to the above terms.

Date _____

Participant Signature _____

Participant Name (PRINT) _____

Email _____

Telephone _____

Parent / Guardian Signature (if under 18 years of age) _____

Date _____