



COFFIN RACES

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A
RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL
RIGHTS.**

I understand that participating in the Coffin Races Event at the Chillicothe Halloween Festival involves risk, danger, and hazards that may cause serious personal injury or death and injuries are a common and ordinary occurrence. I voluntarily elect to participate in this event and I fully understand this involves running, pushing, pulling, and other physical activities that could lead to harm and I fully understand the health and safety risks associated with these types of activities. I, therefore, assume all risk of injury and/or death associated with this event. I will not hold the Chillicothe Halloween Festival, its agents, owners, volunteers, board members, or anyone affiliated with the Chillicothe Halloween Festival (CHF), liable for any circumstances of this event.

I release and hold harmless and agree not to bring any action or suit against the Chillicothe Halloween Festival, its board members, officers, volunteers, agents and anyone associated with "The Chillicothe Halloween Festival" releases from any liability resulting from any personal injury to myself, including death, or damage to my property which is caused by the breach of any express or implied warranty or the negligent act or omission of any the Chillicothe Halloween Festival release in the design, location, construction, inspection, maintenance, and repair on or about the coffins being raced during the event hosted by CHF. I hereby confirm that I am in good physical condition and do not suffer from any disabilities or physical conditions that place me or others at risk or otherwise physically inhibit participation in this event.

By this waiver and release, I assume any risk and take full responsibility and warranty of any and all claims of personal injury and death or damages to, but not listed, my participation in this event hosted by the Chillicothe Halloween Festival and any other activities on or near the premises on the dates the event takes place.

I acknowledge that I have read, understand, and fully agree to the terms of this waiver and release and its contents. I understand and confirm that by signing this waiver and release, I have given up considerable future legal rights. I sign this waiver and release voluntarily, under no duress or threat of duress, without inducement, promise, or guarantee being communicated to me. My signature is proof of my intent to execute a complete and unconditional waiver and release of all liabilities in force under the law. I am eighteen (18) years of age or older and mentally competent to enter into this waiver.

If the individual participating in the event is under 18 years of age (is a minor), I am signing as a parent or legal guardian of said minor. I represent that I have the full authority to do so, realizing that this release is binding upon the minor child as well as myself.

Printed Name: _____ Date: _____

Signature: _____

Parent/Guardian's Signature: _____