

HOLD HARMLESS AGREEMENT

RELEASE, ASSUMPTION OF RISK & INDEMNIFICATION

AGREEMENT NO.

EFFECTIVE DATE

This Hold Harmless Agreement (the "Agreement") allocates specified risks between the Releasor / Indemnitor and the Releasee / Indemnitee in connection with the activity, property, event, or services described below.

1 THE PARTIES

RELEASOR / INDEMNITOR

FULL LEGAL NAME / ENTITY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

RELEASEE / INDEMNITEE

FULL LEGAL NAME / ENTITY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

2 COVERED ACTIVITY

This Agreement applies to the following activity, event, property, work, or use and the period and location stated.

ACTIVITY / EVENT / PROPERTY / SERVICES

DATE / TERM

LOCATION

CONSIDERATION

PARTICIPANTS / PROPERTY

3 ACKNOWLEDGMENT & ASSUMPTION OF RISK

The Releasor understands that the covered activity may involve known and unknown risks, including personal injury, illness, death, property damage, and economic loss, and voluntarily assumes risks inherent in the activity to the extent permitted by law.

SPECIFIC RISKS DISCLOSED

4 RELEASE

To the extent permitted by law, the Releasor releases the Releasee and the persons identified below from claims arising from the inherent risks of the covered activity or from the Releasor's own acts or omissions.

ADDITIONAL RELEASED PARTIES

5 HOLD HARMLESS & INDEMNIFICATION

The Releasor will defend, indemnify, and hold the Releasee harmless from third-party claims, damages, judgments, and reasonable costs to the extent caused by the Releasor's negligence, misconduct, breach, or violation of law in connection with the covered activity.

6 EXCLUDED LIABILITY

This Agreement does not release or indemnify liability to the extent caused by the Releasee's sole negligence where prohibited, gross negligence, reckless or intentional misconduct, fraud, or any duty that applicable law does not permit the parties to waive.

7 INSURANCE & MEDICAL AUTHORIZATION

Each party will maintain any insurance stated below. If the covered activity involves physical participation, the Releasor authorizes reasonable emergency care when unable to consent and remains responsible for personal medical expenses.

REQUIRED INSURANCE / LIMITS

EMERGENCY CONTACT / PHONE

8 MINOR PARTICIPANT (IF APPLICABLE)

If the participant is a minor, the parent or legal guardian identified below consents to participation and signs in that capacity, subject to limits on parental waivers under applicable law.

MINOR PARTICIPANT

DATE OF BIRTH

PARENT / LEGAL GUARDIAN NAME & RELATIONSHIP

9 TERM, GOVERNING LAW & SEVERABILITY

This Agreement applies for the term below and is governed by the stated jurisdiction. If a provision is unenforceable, it will be limited to the minimum extent necessary and the remainder will continue in effect.

TERM / EXPIRATION

GOVERNING STATE / JURISDICTION

10 SIGNATURES (execute where indicated)

By signing below, each party acknowledges that they have read and understood this Agreement and agree to be bound by all of its terms as of the Effective Date.

RELEASOR / INDEMNITOR SIGNATURE

PRINT NAME

DATE

TITLE / CAPACITY (IF SIGNING FOR AN ENTITY)

RELEASEE / INDEMNITEE SIGNATURE

PRINT NAME

DATE

TITLE / CAPACITY (IF SIGNING FOR AN ENTITY)

ACKNOWLEDGMENT

State of , County of

On (date), before me personally appeared

the above-named person(s), known to me or satisfactorily proven to be the person(s) whose name(s) are subscribed to this instrument, and acknowledged that they executed it for the purposes stated herein.



NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES