

ZombieCon 2008 - RELEASE OF LIABILITY

1a: ASSUMPTION OF RISKS

By signing this legal document, I, _____ (Sign your legal name here) I acknowledge that I am fully aware that by participating in this event its planned activities, I will subject myself to potential risk and accidental dangers. By signing this document, I, said signatory FREELY ACCEPT AND FULLY ASSUME ALL SAID RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of ZombieCon 2008 accepting my application to participate in this event and permitting my participation in planned activities, I hereby agree to all of the following articles:

- 1. I, hereafter, WAIVE ANY AND ALL CLAIMS that I have or may in the future against THE RELEASEES, AND TO RELEASE THE RELEASEES from any and all liability for property loss, property damage, and expense or injury including death that I or my dependents may suffer, or that my next of kin may suffer as a result of my participation in said event.
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in said event.
- 3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Missouri and no other jurisdiction;
- 5. Any litigation involving the parties to this Agreement shall be brought solely within the State of Missouri and shall be within the exclusive jurisdiction of the Courts of the State of Missouri.

In entering into this Agreement I acknowledge that I will not rely upon any and all oral or written representations or statements made by the Releasees with respect to the safety of said event other than what is set forth in this Agreement.

BY SIGNING BELOW, I SIGNIFY THAT I HAVE READ AND DO FULLY UNDERSTAND THIS AGREEMENT AND AM AWARE THAT BY SIGNING THIS AGREEMENT, I HEREAFTER WAIVE ALL AFOREMENTIONED LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNEES AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Name (Print): _____ (Date dd/mm/yyyy)

Signature: _____

Emergency Information

In Case of Emergency, Zombie Squad needs the following information:

Name of person to contact: _____

Telephone Number(s): _____

Relationship: _____

Any allergies or other known health concerns in case you are hospitalized: _____

If you are driving:

License Plate Number: _____

Year/Make/Model: _____

Please print and sign this waiver then send Zombie Squad a copy before May 1st 2008

Mail:
ZOMBIE SQUAD
P.O. BOX 63124
ST. LOUIS, MO. 63163

or Fax:
1-888-495-4052

or E-mail a scanned copy:
camp@zombiehunters.org