

# WAIVER OF LIABILITY

**THIS DOCUMENT WAIVES ALL LIABILITY OF THE FLORIDA AGRICULTURAL MUSEUM, INC., ITS BOARD MEMBERS, STAFF, VOLUNTEERS AND ALL THEIR SUBSIDIARY AND AFFILIATED COMPANIES.**

## READ THIS CAREFULLY

- 1) I shall participate in activities at the Florida Agricultural Museum which will require physical work in the woods and exposure to hazards which include uneven terrain, biting insects including ticks, venomous snakes, thorns, poisonous and noxious plants, working with sharp tools and handling soil.
- 2) I understand that the physical activity has varying effects on individuals based upon their size, age, physical condition, and/or state of health. I further understand that it is my sole responsibility, or my guardian's, to determine my physical fitness for any activity, including participation in all activities.
- 3) I hereby release and hold harmless the Florida Agricultural Museum, Inc., its board members and staff and all their subsidiary and affiliated companies, including all officers, directors, employees and agents from and against any claims for injury or cause of action arising out of or resulting from my participation in activities conducted by and/or at the Florida Agricultural Museum or other locations where the Florida Agricultural Museum, Inc. conducts activities.
- 4) I understand that the Florida Agricultural Museum, Inc., its board members and staff and all their subsidiary and affiliated companies, including all officers, directors, employees and agents are not liable for loss of or damage to my personal belongings while I am participating in activities offered by the Florida Agricultural Museum, Inc.
- 5) I consent to the unlimited use, including but not limited to, commercial advertising use, of my recorded image, voice or photograph by the Florida Agricultural Museum and its agents. No further permission is required beyond this consent.
- 6) I fully understand the rules and instructions of the Florida Agricultural Museum, Inc.
- 7) I grant to the Museum the right to use my image, as a photograph or video, for the benefit of the Museum.
- 8) I acknowledge that I have read this Waiver of Liability carefully and understand its meaning. I am voluntarily releasing the above named parties from liability arising out of or resulting from my participation in activities offered by the Florida Agricultural Museum, Inc. including volunteers, staff and contractors.

Print Participant Name \_\_\_\_\_ Age if under 18 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 18yrs) \_\_\_\_\_ Date \_\_\_\_\_