



**RELEASE AND WAIVER OF LIABILITY**

TO: Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS).

FROM: \_\_\_\_\_(Printed Name of Participant) \_\_\_\_\_(Date of Birth)

I hereby acknowledge and agree that:

1. I will be participating in the **EVENT** GHOST HUNT in Corinth, Mississippi (hereinafter referred to as the “**Event**”) on (date of Event) \_\_\_\_\_.
2. I understand that I am solely responsible for determining whether I am physically, emotionally, psychologically, and mentally able to participate in the **EVENT**.
3. I understand that my participation in the **EVENT** may involve strenuous and/or dangerous physical and or mental activity. This activity may, or may not, include extensive standing, walking, hiking in inclement weather conditions at remote locations which may have little to no lighting and/or are in a state of disrepair.
4. I understand that my participation in the **EVENT** may involve, but not be limited to, traveling by planes, trains, automobiles, ship, van, bus, and/or other modes of transportation.
5. I understand that I can choose **NOT** to participate in any and/or all activities related to this **EVENT**.
6. I acknowledge that there may be a risk associated with this **Event** and I assume all risk or injuries to myself or my property during the **Event**, including but not limited to transportation/driving to the **Event**, being at the actual premises and participating in the **Event** and returning from the **Event**, and do hereby release **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, its Board of Directors, Volunteers, paid staff, trustees, employees, agents, and successors from and against any claim, demand or liability arising out of such injury and will protect and indemnify **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, and those persons released with respect to any claim, demand or liability arising out of such injury.
7. I understand that by entering the area of the **Event** and/or participating in this **Event**, I consent to my voice and likeness being used without compensation in photos, films, and video tapes for exploitation in any and all media, whether now know or hereafter devised, and I release **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, and its Board of Directors, paid staff, volunteers, successors, assigns, and licensees from any liability on account of such usage.
8. I shall not exercise any remedy against **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, or its licensees in the nature of a claim, demand or liability.
9. **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, makes no warranties with respect to the **Event**. **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, will not be liable for direct, indirect, incidental, or consequential damages that are in any way related to the **Event**.
10. This release shall be binding on me and my heirs, executors, and administrators, to the maximum extent permitted by law.
11. Failure to abide by the obligations of this agreement shall give **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, the option to immediately cancel this agreement, providing verbal notice is given to me.
12. If for any reason I cannot attend the date of the **Event** that I have paid for, I may send someone else in my place provided that I notify **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, of the change. **MY MONIES CANNOT BE REFUNDED OR RETURNED TO ME FOR ANY REASON.**
13. No other promise or understanding of any kind has been given by **Crossroads Museum and Historic Corinth Depot and Autism Resources of the Mid-South (ARMS)**, or is relied upon by me than is written here.

All of which I have agreed and accepted this Date: \_\_\_\_\_

Participant’s Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant’s Signature (Parent’s Signature if Participant is minor child): \_\_\_\_\_