

CLEARWATER BEACH FAMILY FUN FESTIVAL RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned, being over the age of eighteen (18) years, does hereby request Tampa Bay Harvest, Inc., Clearwater Beach Association and City of Clearwater for permission to participate in the Clearwater Beach Family Fun Festival.

I understand the benefit of this event, and I agree to obey all instructions, orders, commands given me by the officials in charge of the event. I acknowledge the risks of participation in this event and I may be subject to physical injury or property damage, whether caused by an intentional or unintentional act or omission. In full consideration and acknowledgement of the risks of participation in this event, I freely and voluntarily agree to participate in this program/event and accept the risks of so doing.

In consideration of being allowed to participate in this voluntary program/event and receiving the benefit thereof, I, myself, my heirs, personal representative, next of kin or assigns, do hereby forever release, waive, discharge, hold harmless and covenant not to sue Tampa Bay Harvest, Inc., Clearwater Beach Association and the City of Clearwater, its officials, officers, agents, employees, representative, assigns, and insurers, individually and collectively, hereinafter referred to as "releasees", of and from all liability for any and all loss or damage, including personal injury, property damage or death, whether caused by the negligence of the releasees or otherwise, while I am in any way participating in the above described program/event.

I further acknowledge that I have read and fully understand this release and hold harmless agreement, and that I have voluntarily executed the same without any further inducement or promise not contained herein. I expressly agree that this agreement shall be construed as broadly as permitted by the law of the State of Florida, and that if any part hereof is declared invalid, the remainder shall remain in full force and effect.

Signature Full Name

Title _____ Business

Name _____

Address _____ City,

State, Zip _____

Date _____