

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALABLE CONSIDERATION, including permission to participate in the **Century Village Museum CIVIL WAR REENACTMENT** located at 14653 East Park Street, Burton, Ohio 44021 on **May 23 & 24, 2026** and all of its related pre- and post-event activities. I, for myself, my successor, heirs, assigns, executors, and admissions:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area. Acknowledge, that I fully understand that the use of black powder and/in such activities is dangerous, and that my participation may involve risk of serious injury or death, including economic loss which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity: **(INITIALS)**_____
2. **ASSUME ANY AND ALL RISKS** of personal injuries to myself, including, but not limited to, medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from participating in this event or activity. **(INITIALS)**_____
3. **COVENANT NOT TO SUE** or present any claim for personal injury, property damage, or wrongful death against **Century Village Museum and The Geauga County Historical Society** and all of their officers, agents, volunteers, or employees (herein after "SPONSORS"), as well as all of my fellow REENACTORS for acts related to my participation in the event or activity. **(INITIALS)**_____
4. To the maximum extent permitted by law, **RELEASE, WAIVE, and DISCHARGE** the SPONSORS, as well as all of my fellow REENACTORS, from any liability, loss, damage, claim, demand or cause of action against them arising from attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise. I understand that this release applies to all parties listed herein. **(INITIALS)**_____
5. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the SPONSORS and consent to use these photographs, pictures, slides, movies, or videos for any legal purpose. **(INITIALS)**_____
6. Warrant that I am good health and have no physical condition known to me that would prevent me from safely participating in this event or activity. **(INITIALS)**_____
7. I list the names of my minor children below on whose behalf I am empowered to sign this release. I hereby declare that the information and the birth dates of my children listed in this application are true and correct. I consent to whatever medical care might be provided or available for injury occurring during the reenactment for myself and minor children. I authorize the SPONSORS to contract for medical treatment for my minor children which may be required as a result of illness or injury which occurs during the participation in or while traveling to or from the reenactment if I am not available or present when the need arises. **(INITIALS)**_____

PRINT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MINOR CHILDREN NAME: _____ DOB: _____

SIGNATURE: _____ DATE: _____

OFFICE RECEIVED: _____