

Friends of Science East, Inc. dba Tesla Science Center at Wardencllyffe

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Event Title

Date of Event

Visit to Wardencllyffe;
Cleanup at site

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the event described above in which I may participate, and that it will govern my actions and responsibilities at said event.

In consideration of my participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault;

(B) I HEREBY WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** Friends of Science East, Inc., dba Tesla Science Center at Wardencllyffe (FSE/TSC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the event holders, sponsors, and volunteers; and

(C) I HEREBY INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise.

I acknowledge that FSE/TSC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity or event on their behalf.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name
(Please print legibly.)

I signed up on VolunteerSpot.com:
() YES () NO
If NO, please enter your email address: