



## RELEASE OF LIABILITY

This agreement is made by and between **GLOUCESTER COUNTY DREAM PARK**, owned and operated by the **Gloucester County Improvement Authority ("GCIA")** its employees, directors, servants and agents, hereinafter collectively referred to as "**MANAGEMENT**", and \_\_\_\_\_, hereinafter referred to as "**Participant**".

"Participant" hereby agrees on behalf of "Participant" and "Participant's" family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom "Participant" has custody or control or serves as a guardian to release "Management" from any liability for personal injury, sickness, and/or property damage and to hold harmless and indemnify "Management" for claims of any kind made against "Management" for bodily injury, sickness, and/or property damage suffered by "Participant" while attending or as a result of attending any event being held at the DREAM Park.

I also acknowledge the risks involved include, but are not limited to, the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily and am aware of and assume any and all risks associated with my participation. I will practice proper social distancing as recommended by health department directives, good hygiene (hand-washing, hand sanitizer, mask/gloves when required) and follow all other health and safety directives.

I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. Should I become ill, whether before or after attendance at any show, I understand I am required to report the illness, self-quarantine and will adhere to testing and other illness related guidelines.

By signing below, I waive all rights to bring a suit or claim against **Management, show vendors and/or their directors, officers, employees, representatives and agents** for any reason.

I, fully understand and agree to the above terms.

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

\_\_\_\_\_  
Participant Name (PRINT)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Parent / Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date