



VOLUNTEER WAIVER & RELEASE

Volunteers of the Industrial Slaughterhouse Haunt agree to our terms and conditions, including this Waiver and Release.

1. After having the opportunity to fully inform myself about the event, I knowingly and freely assume and accept all risk, both known and unknown, and assume full responsibility for my participation as a volunteer at the Industrial Slaughterhouse Haunt. Risks include but are not limited to sprains, strains, fractures, cuts and abrasions, animal bites and stings, contacts with poisonous plants, and accidents involving but not limited to, running, falling, jumping, falling branches, lightning, contact with scenery, contact with patrons.
2. I voluntarily agree to comply with the stated, posted, and customary terms and conditions for participation. If, however, I observe any unusual and/or significant hazards during my presence or participation. If, however, I observe any unusual and bring such hazard to the attention of the nearest Industrial Slaughterhouse Staff Member.
3. I attest a verify that I am free from all illnesses, injuries and defects that could interfere with my safe participation in the Event as a volunteer and that I have no condition that will cause a severe reaction to strobe lights, loud noises, sudden movement, or the viewing of haunted scenes. My participation in activates and events organized or sponsored by Releasees is entirely voluntary.
4. I for myself and on behalf of my heirs, assignees, personal representatives, and/or next of ken forever WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Jackson L. Chapman, Jackson S. Chapman, and their representatives, officials, agents, employees and or volunteers, sponsors and advertisers (collectively, the RELEASEES), WITH RESPECT TO ANY AND ALL injury, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation in the EVENT. I further agree to indemnify, defend and hold harmless Releasees from any loss, liability, cost, claim, or damages arising from my participation in or associated with activities and events organized by and sponsored by Jackson L. Chapman and Jackson S. Chapman.
5. I consent to administration of first aid and other medical treatment in the event of an injury and hereby release and indemnify Releasees from all liability or claims arising out of such treatment.
6. I alone am responsible for assessing the risk of contacting Covid-19 or any other infectious disease and I agree to hold harmless ISH and Releasees should I contract Covid or any other infectious disease.

Name of Volunteer (Print): _____

Signature of Volunteer Aged 18 and over: _____

I Hereby Certify that I am the parent or guardian of the minor named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual

Name (Print) & signature of parent/ guardian of volunteer under 18:

_____ Date: _____