

SWENSON FARMS HOA RELEASE OF LIABILITY STATEMENT

Participants and their parents understand that involvement in any activity including but not limited to bouncy house, any games and/or any food product available at Swenson Farms National Night Out on October 6th 2026, may entail risk of injury or harm to the Participant and agree that risk is fully assumed by the Participants and/or their parents. In addition, Participants agree to hold Swenson Farms HOA, the event sponsors and volunteers harmless for, from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of participating in these events. This includes, but is not limited to, claims involving economic loss, illness or medical condition, accidental injury or death.

RELEASE OF LIABILITY STATEMENT

In consideration of participating in any activity while attending the National Night Out event October 6th 2026, on behalf of myself, my personal representatives, heirs, and assigns, I hereby release and discharge the Swenson Farms HOA, the event sponsors and volunteers from any and all claims for property damage and/or personal injury or death resulting from my attempt to participate in any activity. I am aware of the inherent risks of participating in any or all activities, which include, but are not limited to, injury and death. I freely assume these risks and any other risks that are inherent to the activities. The signature(s) below certifies that I (we) have read and understand the terms of this waiver. The participant agrees to follow all instructions of any activity in which he/she participates.

Participants agree that this form fully and accurately expresses their understanding and that it has not been modified orally or in writing.

Name of Participant: _____ DOB _____

Name of Participant _____ DOB _____

Name of Participant: _____ DOB _____

Name of Participant _____ DOB _____

Signature of Participant: _____ Date _____

Signature of Participant: _____ Date _____

Signature of Participant: _____ Date _____

Signature of Participant: _____ Date _____

Phone: _____ Email: _____

Name of Parent/Guardian if participant(s) is/are under 16 years of age:
