

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I do hereby release and forever discharge, indemnify, defend and hold harmless United Way of the Cape Fear Area, The Eagles Dare, the owners and/or operators of the event site, and their respective directors, owners, officers, members, agents, volunteers and employees, from any and every claim, demand, action and liability of whatever kind or nature arising from or by reason of death or bodily injury or personal injuries, known or unknown, or property damage resulting, or to result, from participation in the Tricycle Race on April 24, 2025. I know, understand, and appreciate these and other risks that are inherent to participation in volunteer opportunities, competitions, and celebrations; I acknowledge that my participation is voluntary; and I knowingly assume all such risks.

Participant Initials: _____

The tricycle race is an event where photography, audio, and video recording may occur. By participating, you consent to photography and/or video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by United Way of the Cape Fear Area, The Eagles Dare and their affiliates and representatives. Images, photos and/or videos may be used to promote similar events in the future, highlight the event and exhibit the capabilities of the program.

Participant Initials: _____

I hereby confirm that I am not (at the time of the tricycle race) under the influence of alcohol, illegal drugs, or any other substances that could impair my judgement or abilities. I understand that participating while under the influence can pose risks to myself and others and I accept full responsibility for ensuring my sobriety while participating in this activity.

Participant Initials: _____

I hereby certify that I have read this document and I understand its content.

Print Participants Full Name

Organization

Signature

Date