



Fayette Depot Event Center Grilling Waiver and Release of Liability

Event Date: _____

* Name:* _____

Address: _____

Phone Number: _____

Email: _____

Grill Type: _____

Acknowledgment of Risk:

I, the undersigned, understand and acknowledge that grilling activities involve inherent risks, including but not limited to the risk of fire, burns, smoke inhalation, and other potential injuries. I am aware that participation in grilling at the Fayette Depot Event Center (the "Event Center") is entirely voluntary and at my own risk.

Release of Liability:

In consideration of being allowed to participate in grilling activities at the Event Center, I hereby release, waive, discharge, and covenant not to sue the Fayette Depot Event Center, its owners, managers, employees, agents, and representatives (collectively, the "Releasees") from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in grilling activities at the Event Center.

Indemnification:

I agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in grilling activities, whether caused by the negligence of the Releasees or otherwise.

Assumption of Responsibility:

I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in grilling activities at the Event Center. I understand that I am responsible for operating my grill in a safe and responsible manner, adhering to all safety guidelines provided by the Event Center, and ensuring that my grilling area is properly monitored and maintained.

Medical Treatment:

I consent to receive medical treatment deemed advisable in the event of injury, accident, or illness during grilling activities. I release the Releasees from any claims arising out of such treatment or other medical services rendered.

Severability:

If any provision of this waiver and release is found to be unenforceable or invalid, that provision shall be severed from this agreement, and the remainder of this waiver and release shall remain in full force and effect.

Acknowledgment of Understanding:

I have read this waiver and release, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Date: _____