

## LIABILITY WAIVER FORM FOR THREE-DAY OUTDOOR CAMPING FESTIVAL

I, [Participant Name], hereby acknowledge and agree to the following terms and conditions for my participation in the Sankofa Healing Experience Weekend which is being held April 21st-April 23rd, at Khalifah Family Farm 26070 Barhams Hill Rd, Drewryville(Southampton County), Va.

1. Assumption of Risk: I understand and acknowledge that participating in the Event involves inherent risks and hazards, including but not limited to risks of injury, illness, or death, as well as damage to personal property. I assume all risks associated with participating in the Event.
2. Release of Liability: In consideration of being allowed to participate in the Event, I, on behalf of myself and my heirs, executors, administrators, and assigns, hereby release, waive, and discharge [Dk11 and Love and Healing Work]], their officers, directors, employees, volunteers, sponsors, and agents (collectively, the "Released Parties") from any and all claims, causes of action, suits, demands, or damages of any kind arising out of or in connection with my participation in the Event, including but not limited to personal injury, property damage, or wrongful death, whether caused by the negligence of the Released Parties or otherwise.
3. Indemnification: I agree to indemnify and hold harmless the Released Parties from any and all claims, causes of action, suits, demands, or damages of any kind arising out of or in connection with my participation in the Event, including but not limited to personal injury, property damage, or wrongful death, whether caused by the negligence of the Released Parties or otherwise.
4. Governing Law: This Liability Waiver Form shall be governed by and construed in accordance with the laws of the State of Virginia.
5. Entire Agreement: This Liability Waiver Form constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior negotiations, understandings, and agreements between the parties.
6. Severability: If any provision of this Liability Waiver Form is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

I have read this Liability Waiver Form and fully understand its contents. I voluntarily sign this Liability Waiver Form and acknowledge that I have given up substantial rights by doing so.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

