

SANTA'S HOLIDAY FEASTIVAL - NOV 25TH - NOV 27TH 2016

SANTA'S LIGHT PARADE @ DREAM COME TRUE FARM

PARTICIPANT WAIVER

EVENT DATE: SATURDAY NOVEMBER 26TH 2016

(RAIN DATE: SUNDAY NOVEMBER 27TH 2016)

I _____, fully understand that my participation in Santa's Light Parade Event and all Activities ("hereinafter "event/activity") includes but is not limited to horseback riding, tractors, floats, marching bands and groups, music, which exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event/activity and agree to assume any such risks @ Dream Come True Farm.

I hereby release, discharge, hold harmless and agree not to sue the Town of Brookhaven, Dream Come True Farm, Judith Giambanco, Vito Giambanco, Seatuck Cove Rotary, Long Island Food Trucks Network, and all volunteers and vendors for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the Town of Brookhaven or any other participants in the event/activity.

In consideration for being permitted to participate in the event/activities, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the Town of Brookhaven, Dream Come True Farm, Judith Giambanco, Vito Giambanco, Seatuck Cove Rotary, Long Island Food Trucks Network, and all vendors and volunteers from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/activity.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Participant: _____ **Date:** _____

Parent / Guardian: _____ **Date:** _____

(If participant is under the age of 18)

Participant: _____ **Date:** _____

Parent / Guardian: _____ **Date:** _____

(If participant is under the age of 18)

Participant: _____ **Date:** _____

Parent / Guardian: _____ **Date:** _____

(If participant is under the age of 18)

If more space is required please print out page 3