



## General Liability Release Form

**Events Marketing Network, USA Corp.**

**The City of Doral**

**The Doral Food & Wine Festival**

Date: \_\_\_\_\_ (dd/mm/yyyy)

To: \_\_\_\_\_ (name of the organization or event manager's company)

Event Activity: \_\_\_\_\_ (description of the event or activity)

Participant: \_\_\_\_\_ (name of participant)

I completely understand and realize that participation in the above mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

Any child under the age of 16 needs to be accompanied by a 21 year old and over guardian at all times. The Doral Food & Wine Festival is not liable or responsible for any minor consuming any alcoholic beverage or any injuries resulting from the consumption of alcoholic beverages.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_