

**WAIVER AND RELEASE OF LIABILITY FORM**

EVENT: Boots & Bling

LOCATION: Jackson Fairgrounds

DATE: February 7, 2025

Participant Name: \_\_\_\_\_  
(Print Name)

Date of Birth: \_\_\_\_\_

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous property owned or controlled by them, or because of their possible liability without fault. I acknowledge that this waiver and release of Liability Form will be used by the event holders, sponsors, and organizers, and that it will govern my actions and responsibilities at this event. As consideration for permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES and PERSONS: Jackson-Madison County General Hospital District, doing business as or sometimes commonly referred to as West Tennessee Healthcare, and its affiliates and their directors, officers, employees, volunteers, agents and event sponsors; (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence or otherwise.

I understand that at this event I may be photographed. I give my full permission to West Tennessee Healthcare and its affiliates to photograph or otherwise take images of me and to use, publish, and disseminate any photographs, videotapes, digital imaging, or other recordings of me that are made during the course of this event. This waiver and release of liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible by Tennessee 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, THIS FORM CONSTITUTES AN AGREEMENT AND I SIGN IT OF MY OWN FREE WILL.

Signature \_\_\_\_\_

Date: \_\_\_\_\_