



JOHN THURSTON
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ARKANSAS SECRETARY OF STATE

WAIVER AND RELEASE OF LIABILITY

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE ARKANSAS STATE CAPITOL ARTISTS' EXHIBIT, including by way of example and not limitation, any damage to artwork or other property that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, 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 of the Arkansas State Capitol Artists' Exhibit, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in the Arkansas State Capitol Artists' Exhibit, 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 activity, THE STATE OF ARKANSAS, AND ANY AND ALL DEPARTMENTS OR OFFICERS THEREOF, INCLUDING WITHOUT LIMITATION JOHN THURSTON IN HIS OFFICAL AND INDIVIDUAL CAPACITIES, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) 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 the Arkansas

State Capitol Artists' Exhibit, whether caused by negligence or otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that The Arkansas State Capitol Artists' Exhibit may involve risk of damage to artwork or other property. The risks include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I understand while participating in the Arkansas State Capitol Artists' Exhibit, 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 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.

Participant's Signature _____

Participant's Name

Date