Concessions Trailer Request for Use

Date(s) Requested: ____________________________________________

Purpose: _____________________________________________________

WAIVER AND RELEASE OF LIABILITY

In signing this form, we agree to not hold St. Johns River Baptist Association Inc. its officers, associates, or other agents of St. Johns River Baptist Association Inc. liable for any injury, loss, damage, or accident that ______________________ (name of Church) might encounter while in transportation of or in use of the Concessions Trailer for a period covering one year beginning with the date of this instrument.

We realize and acknowledge that our participation with the Concessions Trailer involves certain risks and possible dangers. We are well aware that transportation and use of the Concessions Trailer exposes us to such risks as accidents, injury, and other calamities.

We also acknowledge that the person transporting the trailer will show proof of liability insurance before transporting.

We hereby assume any such risks that might result from travel and or participation with the Concessions Trailer. In addition, we unconditionally agree to hold St. Johns River Baptist Association, Inc. blameless for any liability for personal property or personal injury that might occur while we are in possession of the Concessions Trailer.

I have read the foregoing and I understand that my signature herein holds St. Johns River Baptist Association, Inc., its officers, associates or other agents of St. Johns River Baptist Association, Inc. harmless for any liability for injury, damage, or loss, ______________________ (name of Church) may suffer while either transporting or utilizing the Concessions Trailer.

By signature, this waiver and release is binding on the undersigned as representative and on the Church or user as listed below.

DATED THIS ____ Day of ____________, 2020

SIGNED ____________________________
(Authorized Representative)

FOR ____________________________
(Church Name)

PLEASE DO NOT WRITE BELOW THIS LINE FOR NOTARY ONLY

STATE OF Florida, COUNTY OF ____________ on this ___ day of ______________________, 20____, before me personally appeared _________________________________.

______ who is personally known to me

Or who has produced ____________________

as identification and who did (did not) take an oath.

________________________________________________________

NOTARY PUBLIC

Notary Seal