

LIABILITY RELEASE, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted by Latta Place Inc. to participate in said program titled "The Battles of Sample Farm and River Side," I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in the above named program.

I understand and agree that:

1. This release is intended to discharge in advance Latta Place Inc., and the County of Mecklenburg and its officers, officials, employees, board members, contractors, agents and volunteers from and against all liability arising out or connected in any way with my participation in said program.
2. Participation in said program may be of a hazardous, strenuous and/or physical nature and may involve interaction with other participants.
3. Participation in said program may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, including the actions, inactions or negligence or other legal fault of Historic Latta Plantation and/or its personal, or from the conditions of the facilities, equipment, or areas where the said program is being conducted, or from the unavailability of emergency medical care.
4. Knowing the risks involved, I nevertheless request permission to participate in said program.
5. I hereby release, discharge, and absolve Latta Place Inc. and its employees against all liability, injury, or damage which may arise out of the negligence or other legal fault of Latta Place Inc., its employees, and volunteers.
6. I will indemnify and hold Latta Place Inc and the County of Mecklenburg and its employees harmless from any loss, liability, damage, costs or expense, including litigation, arising out of or connected in any way with my participation in said program.
7. I am in good health and have no physical conditions which would prevent safe participation in said program.
8. I understand that Latta Place Inc. and the County of Mecklenburg provide no medical insurance for treatment of illness or injury and that nay cost of treatment will be at my own expense.
9. I understand that I may be photographed or videotaped while participating in said program and these products may be used in promotional activities.
10. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees, and assigns.

**I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS
CONTENTS. I VOLUNTARILY AGREE TO ITS TERMS AND PROVISIONS.**

Sign: _____ Date: _____