I, __________________________________________________________________________,
Print   First Name   Middle Name   Last Name

hereby acknowledge that I have VOLUNTARILY applied to participate in pumpkin catapult/trebuchet recreational / sporting activities. I understand and I am aware that pumpkin catapult/trebuchet is a hazardous activity. I understand that pumpkin catapult/trebuchet and the use of catapult/trebuchet devices involve a risk of injury or death and that there is a possibility that I could be injured or killed while participating in this activity.

I hereby agree to, and expressly assume the risks of injury or death while engaged in pumpkin catapult/trebuchet recreational / sporting activities, whether during the preparation, loading/unloading, triggering or travel to or from the firing area.

I hereby irrevocably release the Lake County Board of County Commissioners & employees, the Lake County Library System, the East Lake County Library Staff, anyone involved in the event, participating & or spectating, property owners, their employees, volunteers, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ["Released Parties"] from all claims, rights, demands or actions for ordinary negligence which I or my successors, heirs or assigns may have against the Released Parties in connection with the East Lake County Library Pumpkin Chunkin’ activities. I agree not to make a claim against or sue the Released Parties for injuries, death or property damages relating to the catapult/trebuchet activities and/or the use of the catapult/trebuchet equipment, even if any injury, death or damage is caused to me or my property is due to the ordinary negligence of the Released Parties or the dangerous condition of any property upon which the catapult/trebuchet activities may take place.

I further understand and agree that this release extends to all claims for ordinary negligence, known, unknown, suspected or unsuspected, arising out of the catapult/trebuchet activities.

I hereby agree to and accept the terms and conditions of this Release of Liability and Assumption of Risk Agreement. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between the Released Parties and the undersigned concerning this subject matter.

In the event of litigation with respect to the catapult/trebuchet activities or this agreement, the prevailing party shall be entitled to recover attorney fees and the costs of litigation. I certify that I am eighteen (18) years of age or older and that I have no medical or mental condition that prevents me from participating in the catapult/trebuchet activities.

I have carefully read this Release of Liability Agreement and I fully understand it.”

___________________________________________________________________
Team Name

___________________________________________________________________
Signature  _________________ Date

___________________________________________________________________
Print Full Name

Please return this completed form by 10/15/2022 to the Library at the
East Lake Sports & Community Complex
24809 Wallick Rd, Sorrento, FL 32776
If you have questions, please contact or Scott Amey at 352-383-9980 or scott.amey@mylakelibrary.org
MINOR RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, _____________________________________________________________, the parent or Legal Guardian of
Print  First Name    Middle    Last Name
_______________________________________________
(print full name of child)

hereby acknowledge that I have VOLUNTARILY agreed to allow said child to participate in any/all East Lake County Library
activities.

I understand and I am aware that pumpkin catapult/trebuchet is a hazardous activity. I understand that pumpkin
catapult/trebuchet and the use of catapult/trebuchet devices involve a risk of injury or death and that there is a possibility
that I could be injured or killed while participating in this activity.

I hereby agree to, and expressly assume the risks of injury or death while engaged in pumpkin catapult/trebuchet
recreational / sporting activities, whether during the preparation, loading/unloading, triggering or travel to or from the firing
area.

I hereby irrevocably release the Lake County Board of County Commissioners & employees, the Lake County Library
System, the East Lake County Library Staff, anyone involved in the event, participating & or spectating, property owners,
their employees, volunteers, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ["Released
Parties"] from all claims, rights, demands or actions for ordinary negligence which I or my successors, heirs or assigns may
have against the Released Parties in connection with the East Lake County Library Pumpkin Chunkin’ activities. I agree not
to make a claim against or sue the Released Parties for injuries, death or property damages relating to the
catapult/trebuchet activities and/or the use of the catapult/trebuchet equipment, even if any injury, death or damage is
casted to me or my property is due to the ordinary negligence of the Released Parties or the dangerous condition of any
property upon which the catapult/trebuchet activities may take place.

I further understand and agree that this release extends to all claims for ordinary negligence, known, unknown, suspected or
unsuspected, arising out of the catapult/trebuchet activities.

I hereby agree to and accept the terms and conditions of this Release of Liability and Assumption of Risk
Agreement. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between
the Released Parties and the undersigned concerning this subject matter.

In the event of litigation with respect to the catapult/trebuchet activities or this agreement, the prevailing party shall be
entitled to recover attorney fees and the costs of litigation. I certify that I am eighteen (18) years of age or older and that I
have no medical or mental condition that prevents me from participating in the catapult/trebuchet activities.

I certify that I am eighteen (18) years of age or older and that said child has no medical or
mental condition that prevents the child from participating in the catapult/trebuchet activities.
Please check, print and sign below

_______ I have carefully read this Release and I fully understand it
_______________________________________________ Print Full Name of Parent or Legal Guardian

_______________________________________________ Signature of Parent or Legal Guardian  _____________ Date

Please return this completed form by 10/15/2022 to the library at the
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