

**THE LOST HOLLOWES**

**RELEASE OF LIABILITY**

In consideration of my desire to serve as a volunteer for The Lost Hollowes I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in voluntary activity of any nature, including the use of equipment and facilities of The Lost Hollowes. Should I sustain injury, I will submit myself for toxicology testing under the Louisiana Workforce Commission guidelines if asked by The Lost Hollowes.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waiver and discharge The Lost Hollowes and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer activities or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Louisiana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

\_\_\_\_\_  
Signature of Volunteer                                  Printed Name                                  Date

\_\_\_\_\_  
Signature of Guardian                                  Printed Name                                  Date

**PERFORMANCE AUTHORIZATION AND RELEASE**

In consideration of the permission granted to me by The Lost Hollowes to participate and/or have my video, audio, photographic and other copyrighted materials used (hereinafter referred to, collectively, as "My Participation") in The Lost Hollowes Haunted Trails, I hereby release The Lost Hollowes, its parent corporations, its partners, the State of Louisiana, and their officers, employees and agents from all actions, damages, or claims which I or my assigns may have against them which may be incurred as a result of My Participation in the above described Program.

Further, I agree to indemnify and hold harmless The Lost Hollowes, its directors, its parent corporations, its partners, and their officers, employees and agents from any liability, loss or expenses arising from any claim or litigation that My Participation in the Program including my statements or actions, or material furnished by me violated or infringed the rights of third parties.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by The Lost Hollowes, its directors, its parent corporations, its partners, and their officers, employees and agents in connection with any use of a product arising out of My Participation in the above-described Program. I authorize The Lost Hollowes to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that The Lost Hollowes has no obligation to air the Program, and that I will receive to monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by The Lost Hollowes under the provisions of Louisiana Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization and Release, and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

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Signature of Volunteer                                  Printed Name                                  Date

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Signature of Guardian                                  Printed Name                                  Date