

SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

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Is there a special aspect involved in the event? (**alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control**) If yes, please have the entity providing the special aspect fill out this section (**additional insurance required**). If no, proceed to the **AFFIDAVIT OF APPLICANT**.

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the City of Carlsbad, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit:

_____ that I am providing to this special event or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. In addition, I agree to comply with all State, Federal and local laws, including public health orders, and any other entity's conditions which are applicable to the use of the Event venue and the conduct of the Event.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF CARLSBAD, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

ENTITY PROVIDING SPECIAL ASPECT SIGNATURE

Print entity name

Print name & title of person legally authorized to sign on behalf of entity

Signature of authorized person

Date