PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Unlimited Entertainment LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "UE"), I hereby agree to release, indemnify, and discharge UE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in mechanical bull activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slip and falls; collision with fixed objects or people; falling off of or being thrown from the bull or inflatable which could result in musculoskeletal injuries including head, neck, and back injuries; pinches, bruises, abrasions, cuts and lacerations; concussions or even more severe life threatening hazards; cardiac related illness; equipment failure and/or operator error; the negligence of other participants, or other persons who may be present; equipment failure or operator error; my own physical condition, and the physical exertion associated with this activity. In any event, if you or your child is injured, any medical assistance will be at your own expense.

Furthermore, UE personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UE from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UE equipment or facilities, including any such claims which allege negligent acts or omissions of UE.
- 4. Should UE or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against UE, I agree to do so solely in the state of Massachusetts and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against UE on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at UE. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name		DOB	·	Phone Number	
Address			City		
State	Zip_	Email			
Signature of Participant				te	
PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)					
	ticipate in its activities	s and to use its equipment ar	nd facilities, l	further agree to indemnify and ho are in any way connected with s	

Parent or Guardian: Print Name: Date:__

participation by minor(s). Minor(s) DOB(s)