

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**Vendor/Releaser Name:** \_\_\_\_\_

**Nevada City Community Broadcast Group  
120 Bridge St, Nevada City, CA 95959  
Phone: 530-265-9073  
Email: adela.wilcox@kvmr.org**

In consideration for receiving permission to participate in the **KVMR 40<sup>th</sup> Birthday Concert** event, the Vendor hereby releases, waives and discharges **Nevada City Community Broadcast Group**, its agents, volunteers, or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Vendor, or any of the property belonging to the Vendor whether caused by the negligence of the Vendor/Releaser, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with the **KVMR 40<sup>th</sup> Birthday Concert** and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such activity, whether caused by the negligence of Vendor/Releaser or otherwise.

I further hereby agree to indemnify and hold harmless the **Nevada City Community Broadcast Group**, its agents, volunteers and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by negligence of Vendor/Releaser or otherwise.

I understand that the **Nevada City Community Broadcast Group** does not provide any insurance coverage for vendor participants for any circumstances arising from their participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my own insurance portfolio.

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Vendor/Releaser Signature \_\_\_\_\_

Title \_\_\_\_\_