

**5169 GreenPort Ave. SE
Canton Township, OH 44707**

TODAYS DATE: _____

Property Use Agreement Contract

PLEASE READ COMPLETELY AND CAREFULLY FILL IN PROPER BLANK SPACES.

I, _____, HERE AGREE TO RELEASE THE

Full Name (Please Print Clearly)

OWNERS OF 5169 GREENPORT AVE. S.E. CANTON, OH 44707 AND ALL OF THEIR EMPLOYEE'S SUBSIDIARIES, PARTNERS, HEIRS, ASSIGNS, MANAGERS, TENANTS, AGENTS, LAND OWNERS(William G. BirdIV), AND ANY OTHER REPRESENTATIVES AS ALL FEDERAL, STATE AND LOCAL GOVERNMENTAL ENITIES(COLLECTIVELY REFERRED TO AS"RELEASEES") FROM ANY LIABILITY, CLAIMS, CAUSE OF ACTION, DEMANDS AND OBLIGATIONS OF ANY KIND ARISING OUT OF, OR IN ANY MANNER WHATSOEVER, DIRECTLY OR INDIRECTLY, CONNECTED TO OR RELATED TO MY PARTICIPATION IN THE USE OF THIS PROPERTY.

I FURTHER AGREE THAT **RELEASEES** HAVE TAKEN ALL RESPONSIBLE STEPS TO INSURE MY SAFETY DURING AND AFTER SAID USE OF PROPERTY, AND I AGREE NOT TO SUE **RELEASEES**, FOR ALL DEATH AND INJURIES, DAMAGE OR LOSSES WHICH MAY OCCUR DURING, AFTER OR AS A RESULT OF ANY KIND OF PROPERTY USE, EVEN IF **RELEASEES** OR ANY OF THEM ARE FOUND TO HAVE NEGLIGENTLY OR INTENTIONALLY CAUSED OR CONTRIBUTION TO SUCH INJURIES, DAMAGE OR DEATH. IF I (**OR MY HEIRS**), DO SUE, I OR MY HEIRS WILL TAKE FULL RESPONSIBILTY TO PAY ANY AND ALL LEGAL FEES, CLAIMS OR SETTLEMENTS THAT MAY BE INCCURED BY JUDGEMENT.

I FURTHER ACKNOWLEDGE THAT MY PARTICIPATION IN THE PROPERTY USE OR ACTIVITIES DESCRIBED ABOVE MAY EXPOSE ME TO SERIOUS HAZARDS, AND I AGREE VOLUNTARILY TO ASSUME THE RISK OF ANY DEATH, INJURY, DAMAGE OR LOSS TO MYSELF OR MY PROPERTY WHICH MAY OCCUR DURING, AFTER OR AS A RESULT OF SUCH ACTIVITIES. **I FULLY UNDERSTAND THIS LIABILITY AGREEMENT CONTRACT AND I WILL TAKE FULL RESPONSIBILTY FOR ALL OF MY ACTIONS WHILE ON SAID PROPERTY. I AM PARTICIPATING ON MY OWN FREE WILL.**

PLEASE PRINT CLEARLY

Last Name First Name Middle Initial

Street/Address City State Zip Code

Home Phone HT. WT. Date Of Birth

Emergency Contact Person Street/Address Phone Number

Signature (Parent OR Guardian Signature. If Person is under 18yrs. Of Age)

SIGNING THIS INDICATES THAT I FULLY UNDERSTAND THIS LIABILITY AGREEMENT CONTRACT AND HAVE READ OR HAVE HAD READ TO ME.

WITNESS Signature