



PARTICIPANT WAIVER AND RELEASE FORM

EVENT: Second Annual Treasure Hunt – Echoes of Faith: Discovering History, Preserving Legacy, Celebrating Community

DATE: Saturday, September 20, 2025

LOCATION: Various historic sites, starting at the Gadsden County Courthouse, 10 E. Jefferson Street, Quincy, FL

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

AGE (IF UNDER 18, PARENT/GUARDIAN MUST SIGN BELOW): _____

ACKNOWLEDGMENT OF RISK

I understand that participation in the Gadsden County Treasure Hunt involves walking, driving, and other physical activity. I acknowledge that there are inherent risks, including but not limited to:

- Vehicle accidents, traffic hazards, or mechanical failures
- Injuries from walking, climbing stairs, or uneven surfaces
- Lost, stolen, or damaged personal property
- Weather-related hazards

I voluntarily assume all risks associated with participation and agree to follow all event rules and safety guidelines.

RELEASE OF LIABILITY

In consideration of being allowed to participate in the Treasure Hunt, **I hereby release, waive, discharge, and covenant** not to sue the:

- Gadsden County Tourist Development Council (TDC)
- Black History Committee of Gadsden County
- Event coordinators, volunteers, and sponsors

from any and all liability, claims, demands, actions, or causes of action for injuries, damages, or losses of any kind arising out of or related to my participation in the event, including travel, use of vehicles, or other personal property.

I understand that the committee is not **responsible for gas, vehicle repairs, traffic violations, or any personal property lost, stolen, or damaged** during the event.



RULES COMPLIANCE

I acknowledge that I have read and understand the 2025 Gadsden County Treasure Hunt Rules & Regulations, including:

- Visiting sites in any order
- Claiming only one coin per site
- Following all safety measures
- Reporting to the end point by 2:00 p.m.
- Cheating will result in disqualification

I agree to abide by these rules.

MEDIA RELEASE

I grant permission for the event organizers to use photographs, video, or other media of me for promotional purposes, including social media, press releases, and advertising, without compensation.

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: _____

SIGNATURE

PARTICIPANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

DATE: _____