

Jacksonville

Claims Association Inc.

JCA Event

RELEASE / WAIVER OF LIABILITY

WAIVER AND RELEASE. The undersigned, on my own behalf and on behalf of my heirs, personal representatives, successors and assigns, for an in consideration of the opportunity to participate in the Jacksonville Claims Association's Monthly Meetings, Member Appreciation Event, Annual Golf Events Including TopGolf, Annual Holiday Gala and Gatherings or any event or meeting (herein referred to as the Event) sponsored and/or organized by the Jacksonville Claim Association, Inc., and their representatives, officers, directors, agents (herein called "Released Parties") RELEASE same from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later might have, if any, resulting from, or arising out of, or in any connection with my participation in the Event while attending and participating in the Event.

This RELEASE extends to any and all claims I may have against Released Parties whether such claims result from negligence on the part of any participant or any third party whether or not connected or associates with this Event and all Released Parties for any injuries resulting to my property or myself during or in connection with the Event.

ASSUMPTION OF RISK. I full understand the risks and dangers inherent in participating in this type of Event and I expressly AGREE TO ASSUME THE ENTIRE RISK of any accidents or personal injury, including possible death, which I may suffer as a result of attending the Event, participating in the Event, or observing others at the Event whether such risk results from negligence on the part of the a participant or any any third party whether or not connected or not connected with the Event of the Released Parties. I further understand that alcohol will be available at the Event and I take full and complete responsibility for my own action and potential alcohol consumption.

BY SUBMITTING MY REGISTRATION TO THIS EVENT, WHETHER BY ELECTRONIC MEANS, MAIL, OR IN PERSON, THE MERE ACT OF DOING SO CONSTITUTES MY FULL SIGNATURE, PER F.S. 668.004, AND THAT I HEREBY CERTIFY THAT I HAVE READ AND FULL UNDERSTAND THIS RELEASE AND WAIVER, AND THAT I AM NOT RELYING ON ANY STATEMENT OR REPRESENTATION OF ANY RELEASED PARTY::

(PRINT NAME)

(SIGNATURE)

(DATED)