



GROVE RIVER RANCH, LLC
345 Hickory Flat Drive; Gillsville, GA 30543
Office (706) 677-0072 Cell (770) 540-8380

WAIVER OF LIABILITY

Residents/Visitors/Workers

This WAIVER OF LIABILITY is made and entered into this _____ day of _____, 20____ by and between CJ Farmer, designated as Manager/Facility Owner and (**PRINT NAMES**)

_____, hereinafter designated as Visitors(s). In return for the use today, and on all future days, the Visitor and undersigned do hereby understand and agree to the following for myself, my family, heirs, executors, administrators, assigns and legal representatives:

I am aware of and agree to assume any and all risks involved in or arising from my use of or my presence or performing work upon the facilities at Grove River Ranch LLC, including, but not limited to, the risks of death, bodily injury, property damage, including loss of money, jewelry, and other items of personal property, the unavailability of on-site medical care, the negligence and/or deliberate act of another person, and any consequential damages which may be incurred by me at Grove River Ranch, LLC.

I agree to indemnify and hold harmless Grove River Ranch LLC, it's owners, officers/directors, employees, agents, affiliates and successors from any and all claims, causes of action, for damages, judgments, expenses and attorney's fees that may arise in any way from my use of or presence at Grove River Ranch LLC.

I agree to be responsible for my own health, life and personal property insurance. Residents/Visitors/Workers hereby agree to hold Grove River Ranch LLC, its Agents, employees and officers harmless and to indemnify same against any and all claims which may arise during and after the course of rental as a consequence of any acts or omissions of Grove River Ranch LLC and/or its manager, agents, employees and officers. Visitors assume the risk of injury or other losses relating to any recreational activities and will hold Manager, owner and its agents harmless with respect thereto. Visitors also assume the risk of injury or other losses relating to any work performed on the premises.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THIS WAIVER AND THE RANCH RULES.

Signature of Resident/Visitor/Worker

Owner/Manager's Signature

Signature of Resident

Email Address

Address

Emergency Contact

Cell Number _____

Emergency Cell Number _____