



HALLOWEEN DOORS SAFARI TREASURE HUNTERS CONSENT FORM

*Thank you for continuing the Halloween Doors & More Event by agreeing to participate as a treasure hunter in this year's **Halloween Doors Safari**. Please review the following and sign below.*

The signature on this Consent Form confirms that I want to participate in the Halloween Doors & More "Halloween Doors Safari" by receiving a confidential list of homes with decorated doors for this year's event and by driving to the street front of those homes to visually identify the "treasure." I acknowledge that I have read this Consent Form in its entirety and understand, acknowledge, and freely and voluntarily agree to each and all of the terms of this Consent Form, as follows:

CONSENT AND LIMITED INVITATION. I will keep private and confidential the list Community Hospice will provide me with all the street addresses of the homes with decorated doors (and "treasures") in the **Halloween Doors Safari**. I understand that I must maintain the confidentiality of the addresses and not distribute them in any way. I understand that my participation will be limited to me staying in my car when I reach any of the homes on the list. Identification of the "treasure" will be by sight (visual) only, from my car from the street. I will not drive or walk into the yard or driveway of the home.

ACCESS AND TRAFFIC. I will abide by neighborhood and local traffic laws, keeping my car lights on at all times and, when slowing, turning on my hazard lights to warn traffic and to identify myself to the homeowner as a treasure hunter. I will not block traffic or be a nuisance to traffic or residents. I acknowledge that participants are allowed only to drive slowly or stop in front of a participant's house temporarily to look at the door and visually identify the "treasure."

ASSUMPTION OF RISK. Participation as a treasure hunter in this **Halloween Doors Safari** event can include certain inherent risks. I understand and voluntarily assume all risks associated with driving to the locations and viewing the location to find the treasure. I understand that that assumption of these risks could include and not be limited to physical injury, property damage, or other loss to me.

RELEASE. I expressly release and hold harmless Community Hospice and its agents, employees, directors and volunteers from any claim, demand, injury, damages, and for any and all causes of action, including but not limited to for personal injury, disability, death or property damage, regardless of cause, occurring on any occasion relating to the **Halloween Doors Safari** event, regardless of whether any negligence was passive or active and regardless of whether the negligence or intentional act was caused by Community Hospice or others.

INSURANCE. I carry automobile insurance, including personal injury protection insurance.

OTHER. I expressly agree that this Consent Form is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Consent Form shall be governed by and interpreted in accordance with the laws of the state of Florida. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Consent Form which shall continue to be enforceable. If any lawsuit arises out of this Agreement, venue shall reside in Duval County, Florida. I WAIVE MY RIGHT TO A JURY TRIAL.

I have read, understand, acknowledge, and agree to the terms of this Consent Form.

Signature of Participant

Date

Print Name