

RELEASE

For good and valuable consideration, including PARTICIPANT being permitted to participate in the Busch Gardens Performance ("EVENT") to be held on June 9th at Busch Gardens Williamsburg I, the undersigned participant ("PARTICIPANT"), and I, the undersigned Parent or Guardian ("PARENT OR GUARDIAN") (where applicable), for myself, my successors, heirs, assigns, executors and administrators, forever release and discharge SeaWorld Parks & Entertainment LLC d/b/a Busch Gardens Williamsburg/Water Country USA theme amusement parks and all affiliates, subsidiaries, corporate parents, officers, directors, partners, employees and agents of the foregoing (hereinafter individually and collectively in all combinations referred to as "BUSCH") from all claims, causes of action, costs and judgments that I now or hereafter may have or claim to have against BUSCH for personal injuries, including death, and damage to property, real or personal, caused by or arising out of PARTICIPANT'S involvement in the EVENT.

I further agree to and do hereby assume all risks of personal injuries to PARTICIPANT, including death, and damages to PARTICIPANT'S property, real or personal, caused by or arising out of PARTICIPANT'S involvement in the EVENT.

I further agree for myself, my successors, heirs, assigns, executors and administrators to indemnify and hold BUSCH harmless from and against all claims and suits for personal injuries, including death, and damages to property, real or personal caused by PARTICIPANT'S act or omission arising out of PARTICIPANT'S involvement in the EVENT, and from all judgments and costs recovered in said claims and suits from all expenses incurred in defending said claims or suits.

I further agree that PARTICIPANT'S photographs, pictures, slides and movies taken or made by BUSCH in connection with PARTICIPANT'S involvement in the EVENT, or any reproduction of the same, as well as PARTICIPANT'S name, may in any manner be used by BUSCH, or by any person, corporation, partnership or association authorized by BUSCH.

I hereby attest and verify that PARTICIPANT is physically fit and has sufficiently trained for participating in the EVENT and that PARTICIPANT'S physical condition has been verified by a licensed medical doctor.

I further consent to PARTICIPANT receiving medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the EVENT.

I HAVE READ AND UNDERSTAND THE FOREGOING AND RELEASE AND SIGN IT VOLUNTARILY.

Signature of PARTICIPANT

Signature of PARENT OR GUARDIAN
(if PARTICIPANT is under 18)

Name of PARTICIPANT (Please Print)

Name of PARENT OR GUARDIAN
(Please Print)

Address


Address

City and State

City and State

Date

Date

 Chris Hoovler

Witness

Date