

FIVE STAR SANCTUARY, INC.

FALL EVENT AT FORT TICONDEROGA

WAIVER OF LIABILITY, ASSUMPTION OF RISK, MEDICAL AUTHORIZATION, AND RELEASE AGREEMENT

Event Date: Sunday, September 27, 2026

Event Location: Fort Ticonderoga, 102 Fort Ti Road, Ticonderoga, NY 12883

Participant Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

PLEASE READ CAREFULLY BEFORE SIGNING

1. Voluntary Participation: I understand that participation is voluntary and includes travel, walking on historic grounds, tours, educational activities, meal service, and related activities. Transportation is not provided and I am responsible for my own transportation.

2. Assumption of Risk: I voluntarily assume the ordinary and inherent risks associated with participation, including slips, trips, falls, uneven terrain, weather, physical exertion, illness, injury, and property damage.

3. Release of Liability: To the fullest extent permitted by applicable law, I release and hold harmless Five Star Sanctuary, Inc., its officers, directors, volunteers, agents, sponsors, and organizers from claims arising from my participation. Nothing in this agreement waives rights that cannot legally be waived.

4. Medical Treatment Authorization: I authorize emergency medical treatment if necessary and accept responsibility for resulting medical expenses.

5. Personal Property: Five Star Sanctuary, Inc. is not responsible for loss, theft, or damage to personal property.

6. Photography and Media Release: I authorize the use of photographs or recordings for nonprofit purposes. Initial here if you do NOT consent: _____

7. Participant Certification: I certify that I am at least 18 years old, have read this agreement, understand it, and voluntarily agree to participate.

Participant Signature: _____

Printed Name: _____

Date: _____

For Five Star Sanctuary, Inc.

John Maille, U.S. Army (Retired)

Executive Director