

**COCONUT GROVE PLAYHOUSE
TOUR WAIVER AND RELEASE**

For and in consideration of receiving permission from Miami-Dade County (the "County") and Florida International University ("FIU" and, jointly with the County, referred to herein as the "Owners") to enter upon the premises of the Coconut Grove Playhouse, located on 3500 Main Highway, Miami, Florida, 33133 ("Premises"), the receipt of such permission being hereby acknowledged, I (name) _____, personally and on behalf of (company name) _____ as their employee(s)/agent/owner

acknowledges, understands, and agrees:

- 1) There are risks of injury and hazards inherent from entering upon the Premises and he/she/it is electing to voluntarily enter upon said Premises, knowing their present condition and knowing that said conditions may become more hazardous and dangerous during the time that the undersigned is upon the Premises.
- 2) TO VOLUNTARILY, KNOWINGLY, AND FREELY ASSUME ALL RISKS of loss, damage, and injury, both known and unknown, EVEN IF ARISING FROM MY OWN NEGLIGENCE OR THE NEGLIGENCE OF OTHERS, INCLUDING SPECIFICALLY THE NEGLIGENCE OF THE OWNERS, and assume full responsibility for any loss, damage, or injury, including death, that may be sustained by the undersigned while in, on or upon the Premises or as a result of entering or having entered the Premises.
- 3) I WILL IMMEDIATELY NOTIFY THE COUNTY OF ANY ACCIDENTS OR PHYSICAL BODILY INJURY WHERE A PERSON, INCLUDING MYSELF, IS HURT AND NEEDS MEDICAL ATTENTION.
- 4) I, for myself, my heirs, assigns, personal representatives and next of kin; HEREBY RELEASE AND HOLD HARMLESS Miami-Dade County and FIU and each of their respective officers, employees, agents, and instrumentalities, as well as the officials, agents and/or other visitors to, and owners and lessors of the premises ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO MY PERSON OR PROPERTY ARISING OUT OF OR IN ANYWAY CONNECTED TO MY ENTERING UPON THE PREMISES, WHETHER ARISING FROM THE NEGLIGENCE OR INTENTIONAL OR WILLFUL ACTS OF THE RELEASEES, OR OTHERWISE.
- 5) This Tour Waiver and Release is valid and applies to any and all visits to the Premises taken by the undersigned during the following calendar years: 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025.

I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X	DOB: _____	DATE SIGNED: _____
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VISITOR NAME _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____