

Friends of Concord Point Lighthouse, Inc. P.O. Box 212 Havre de Grace, Maryland 21078 410-939-3213

concordpointlighthouse@verizon.net

## INDEMNITY AND RELEASE AGREEMENT

INSTRUCTIONS: This form and your check must be received in our office before your requested event or visit can be scheduled. Confirmation of your reservation will be emailed to you.

Each attendee individually or by their parent or guardian and the entity bringing the attendee to the Concord Point Lighthouse and grounds agrees to indemnify and release to Concord Point Lighthouse, Inc., and it's employees, agents, volunteers and others acting on its behalf (Releasees) from any and all claims, known or unknown relating to any injury, loss or damage which may occur during the visit, and to indemnify save and hold harmless the Releasees from any loss, claim or damage related thereto.

Activity (wed	ding, tour, etc.):			
Date:				
Entity/Conta	ct Person:			
Contact Perso	on's Position:			
Number of A	ttendees:			
Entity Information:	Name:			
	City, State, Zip:			
	Phone #:			
	Email:			
			Signature	
			oigintui o	
			Position	