## **BYOB WAIVER**

Bring your Own Bottle Disclaimer
HEREBY ASSUME ALL OF THE RISKS OF
PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT. I acknowledge
that THE CLEMENT has not and will not issue on premise alcohol. Therefore all alcohol at the
event is BYOB.
I acknowledge that I will not serve alcohol to anyone who is a minor, who is prior to the
event under the influence of liquor, who is disorderly, who is addicted to the excessive use of
liquor, or who will consume in any vehicle on the premises.
I acknowledge that consuming alcohol is highly addictive, and can and will impair
cognition, judgment, vision, motor skills, the ability to speak and will enhance aggression,
agitation, and promote compulsive behavior.
l acknowledge that consuming excessive alcohol can and will lead to various health
issues: nausea, vomiting, drowsiness, diarrhea, upset stomach, headaches, and breathing
difficulties.
l acknowledge that The Clement is not held liable to any property damage, charges,
injuries, or deaths that may occur due to the consumption of alcohol during the scheduled event
Therefore, in consideration of my application and permitting myself and party to participate
in this activity, I hereby take action for myself, my group, and assigns as follows: (A) I WAIVE,
RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability
arising from the negligence or fault of the entities or persons released, for my death, disability,
personal injury, property damage, property theft, or actions of any kind which may hereafter
occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR
PERSONS: The Clement and Phillip Rhodes, and/or their directors, officers, employees,
volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers. (B)
INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons
mentioned in this paragraph from any and all liabilities or claims made as a result of
participation in this activity, whether caused by the negligence of release or otherwise. I
acknowledge that The Clement, Phillip Rhodes, and their directors, officers, volunteers,
representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to
act of any party or entity conducting a specific activity on their behalf.
I hereby consent to receive medical treatment which may be deemed advisable in the
event of injury, accident, and/or illness during this activity
The Accident Waiver and Release of Liability Form shall be construed broadly to provide a
release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I
HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE
THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN
FREE WILL.
Print Name
Signature Date