

**SPACE FLORIDA  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT  
FOR  
TOUR DE KSC EVENT**

In consideration of the permission granted by the National Aeronautics and Space Administration (NASA), Kennedy Space Center (KSC), and Space Florida to enter upon KSC and to participate in the Tour de KSC Event, and being informed of all the activities that I will engage in during this operation, I hereby release, discharge and hold harmless Space Florida, their officers and personnel, agents, servants, employees, representatives, successors, and assigns (hereinafter referred to as RELEASEES), from liability for any loss, damage or injury, including death, that may be sustained by me, or any of the property belonging to me, while participating in such activity and caused or alleged to be caused in whole or in part by the negligence of the RELEASEES.

I also waive all claims, demands, damages, actions and suits against the United States of America and RELEASEES, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, while participating in such activity, or that occurs incident to my entering in, on or upon the premises of Kennedy Space Center.

I am fully aware of the risks involved and the hazards connected with this activity, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in this activity, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, executors, administrators and personal representative, if I am deceased. In addition, I agree to abide by all safety and security regulations of NASA KSC and the State of Florida.

I certify that I am physically able and have not been advised against participation in these types of activities by a health professional. I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers to administer routine and/or emergency medicines and treatments, as needed.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Statements, that I understand them and that I sign voluntarily as my own free act and deed. I execute this document for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant's Name (printed)

\_\_\_\_\_  
Participant's Signature

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for NASA KSC to seek reasonable and necessary medical treatment for Participant during such event or associated activities, and agrees to be responsible for any cost of such treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date