READ BEFORE SIGNING

IN CONSIDERATION OF my family being allowed to participate in any way in Cornerstone Families related programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my family from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

- 1. FOR MYSELF, SPOUSE, AND CHILD(REN), I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my family's participation; and,
- 2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my family's readiness for participation and/or in the program itself, I will remove my family from the participation and bring such attention of the nearest Cornerstone Families' committee member immediately; and,
- 3. I myself, my spouse, my child(ren)/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Cornerstone Families; its committee, volunteers, other participants, and the owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my family's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4. I, for myself, my spouse, my child(ren)/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my family's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 5. I, the parent/guardian understand the risks of my participation, my responsibilities for adhering to the rules and regulations, and fully understands this agreement.
- 6. I, the parent/guardian, assert that I have explained to my child(ren)/ward: the risks of participation, his/her responsibilities for adhering to the rules and regulations, and that my child(ren)/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD(REN)/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed:_____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:
Name of Child/Ward:	Signature of Child/Ward:

Date Signed:____

This signed waiver/release should be kept on file for at least 7 years or possibly longer.