Liability Waiver and Hold Harmless Agreement

In consideration of participating in the Sisters' Hub Hikes Carpooling ("the Activity") on October 4th, 2026, I (the undersigned) acknowledge that I am fully aware of the risks and hazards connected with the Activity, including physical injury or even death, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in the Activity.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Anhar Institute, its appointed officials and officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the Activity.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Agreement shall be constructed in accordance with the laws of the State of Georgia.

In signing this release, I acknowledge and represent, that I have read the forgoing Liability Waiver and Hold Harmless Agreement, that I understand it, and that I sign it voluntarily as my own free act and deed; that no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and that I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I understand that any private information obtained by me throughout the Activity is safeguarded by The Hu as the organizer of this Activity. My consent must be taken in the release of my private information to other participants, and I assume all responsibility for the disclosure of this information once consent has been obtained.

_____

Signature

_____

Print Name

_____

Date