F3 Release and Waiver

The undersigned has requested to participate in the **Faith-Family-Friends Co-op ("F3")**. F3 requires that all persons sign this form before they may participate in F3 or any activities associated with the cooperative in any way.

The undersigned voluntarily assumes full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained, or any loss or damage to property owned by the undersigned, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law in consideration for receiving permission to participate in activities associated with F3, the undersigned hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE F3, Joshua Jarrett and Angela Jarrett, Jamey Newton and Noah Newton, Laura Vance and Kevin Vance, Danielle Keen and Michael Keen, their officers, agents, representatives or employees (referred to herein 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 the undersigned, or to any property belonging to the undersigned, while participating in such activities, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tory, contract, strict liability, or otherwise, to the fullest extent allowed by law.

The undersigned further hereby AGREES TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releasees may incur due to the undersigned's participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

The undersigned hereby further agrees that this Release and Waiver shall be construed in accordance with the laws of the State of Texas and that venue for any dispute regarding this document shall be in McLennan County, Texas. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Release and Waiver, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

I HEREBY CERTIFY that I have personal health insurance. My insurance company is:

_____

Name(s) Printed :_____

Signature:_____ Date:_____

Signature:_____ Date:_____