

PEER 1 ON 1 LIABILITY WAIVER AND CONSENT FORMS

FOOD LIABILITY RELEASE

I, the undersigned participant, understand and acknowledge that consuming food at this event/activity carries potential risks, including but not limited to allergic reactions, foodborne illnesses, or other adverse effects. I voluntarily assume all risks associated with consuming food provided at this event.

In consideration of being allowed to participate in this event and consume the provided food, I hereby release and discharge **the host Autism Peer 1 on 1**, along with their affiliates, representatives, and volunteers, from any and all claims, liabilities, demands, or causes of action, whether at law or in equity, arising from my consumption of food at this event.

I understand that this release includes claims based on negligence, actions, or inactions of **Autism Peer 1 on 1** or its representatives.

I have read this release, understand its contents, and voluntarily agree to its terms.

Participant's Name: Michael


Signature:

Parent/Guardian Name (if participant is a minor): Lin Fan

Relationship to Minor: Mother


Signature:

Date: 09/14/2026

GENERAL LIABILITY WAIVER AND CONSENT FOR MINORS

If the participant is under 18 years of age, a parent or legal guardian must complete this section.

I, **(Parent/Guardian Name)**, confirm that I am the legal parent or guardian of **(Minor's Name)** and grant my unconditional consent for their participation in activities organized by **Autism Peer 1 on 1**.

I acknowledge the inherent risks associated with participating in these activities, including but not limited to physical or psychological injury, illness, disability, or financial loss. These risks may result from my child's actions, the actions of others, negligence, or the conditions of the activity locations or facilities.

I voluntarily release, discharge, and hold harmless **Autism Peer 1 on 1, its volunteers, members, leaders, and other participants** from any and all claims, including those resulting from negligence, arising from participation in these activities, including travel to and from any **Autism Peer 1 on 1**-related functions.

I acknowledge that this waiver serves as a legally binding release of liability and contractual agreement. I have read and understood this agreement and sign it willingly.

Participant's Name: Michael Fang


Signature:

Parent/Guardian Name: Lin Fan

Relationship to Minor: Mother


Signature:

Date: 09/14/2026