

Functions and Activities: Prior to participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Release of Liability: By signing this Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities. I further release, agree to indemnify and hold harmless Faith Rx'd and its leaders, employees, Officers, Directors, volunteers, and agents from any and all claims that I may have against them as a result of injury or illness incurred during the course of participation in the activities including (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I have read the above Waiver Form and am fully familiar with the contents thereof. I consent to the Release of Liability above, and agree that this Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.