



Foundations for Recovery

110 N. Ivy Street Medford, OR 97501

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A HOLD-HARMLESS WAIVER AGREEMENT RELEASE OF LIABILITY PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Foundations for Recovery 5th Annual Drive Out Drugs Recovery Festival & Carnival

Activity Date(s) and Time(s): Friday September 21, 2018 and Saturday September 22, 2018 at Harry & David Sports Complex

Activity Location(s): Any and all locations used during the 2018 5th Annual Drive Out Drugs Recovery Festival & Carnival

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the Foundations for Recovery, The Medford Rogues, FFR Executive Staff Members and its Executive Board Members. The Foundations for Recovery & The Medford Rogues and their employees, officers, directors, volunteers and agents from any and all claims, including claims of the FFR's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the Foundations for Recovery & The Medford Rogues harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Foundations for Recovery & The Medford Rogues incurs any of these types of expenses, I agree to reimburse the Foundations for Recovery & The Medford Rogues. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the Foundations for Recovery & The Medford Rogues from all liability, (b) promising not to sue, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Oregon. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____