

**FAMILY TO FAMILY CONNECTION  
GENERAL WAIVER AND RELEASE OF LIABILITY**

As part of its programming, Family to Family Connection serves families with children from birth to age five and empowers parents and caretakers with the tools to provide a safe and nurturing environment for their children through parent education and community networking. Our programs provide educational and emotional support that empowers parents and helps them become the best parents they can be (hereinafter the “Programs”). Family to Family Connection’s Programs are subject to the terms and conditions set forth herein and participation in the Programs is contingent upon all participants and/or their legal guardians executing this Family to Family Connection General Waiver and Release of Liability.

In consideration of my participation in the Programs offered by Family to Family Connection, I expressly agree and contract, on behalf of myself, my minor child(ren), my heirs, executors, administrators, spouse, successors and assigns (collectively referred to in the release language herein as “I” and “me”), that Family to Family Connection and its owners, managers, insurers, employees, officers, directors, and related entities (collectively, “F2F”) shall not be liable for any damages, including without limitation damages arising from personal injuries (including death), sustained by me as a result of my participation in the Programs offered by Family to Family Connection, regardless of whether such injuries result, in whole or in part, from the ordinary negligence of F2F.

I am aware and understand that my participation in the Programs offered by Family to Family Connection may expose me to harm and may involve the risk of injury, illness, disability, death, and/or property damage or loss, and that F2F cannot guarantee my safety while traveling or otherwise participating in the Programs offered by Family to Family Connection.

**NOTWITHSTANDING THESE RISKS, I ACKNOWLEDGE THAT I HAVE VOLUNTARILY CHOSEN TO PARTICIPATE IN THE PROGRAMS OFFERED BY FAMILY TO FAMILY CONNECTION WITH KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF ILLNESS, PERSONAL INJURY, PSYCHOLOGICAL INJURY, PAIN, SUFFERING, DISABILITY, DEATH, PROPERTY DAMAGE, AND/OR FINANCIAL LOSS ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF F2F OR OTHERWISE.**

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, illness, damages (both economic and non-economic), and losses of any type, which may occur to me and I hereby fully and forever release and discharge F2F from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation in the Programs offered by Family to Family Connection.

I expressly agree to indemnify and hold F2F harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I agree to be solely responsible for my safety and wellbeing while participating in the Programs offered by Family to Family Connection.

I agree to comply with all rules and requirements imposed by F2F regarding participation in the Programs offered by Family to Family Connection.

I understand and agree that F2F is not responsible for property that is lost, stolen, or damaged while I am participating in the Programs offered by Family to Family Connection.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS GENERAL WAIVER AND RELEASE AND THAT I VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.**

Name of Participant(s): \_\_\_\_\_

Signature of Participant(s): \_\_\_\_\_

Date: \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this General Waiver and Release.

Signature of Parent or Legal Guardian: \_\_\_\_\_