Fostering Families
GEORGIA

Activity Waiver Form

BIKING TO THE BLUFF

IN CONSIDERATION of being allowed to participate in Biking to the Bluff for Foster Care and other good and valuable consideration, the receipt of which is hereby acknowledged, I _____ (the "Participant"), agree with Fostering Families Inc., doing business as Fostering Families Georgia and Fostering Bulloch, of 7200 GA-46, Statesboro, GA 30458 (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

1. Scheduled from January 8, 2027 to January 9, 2027, the Participant will be participating in the following activity: Biking to the Bluff for Foster Care, a Multi-passenger Tandem Bike Ride (the "Activity") provided by the Activity Provider.

CONSIDERATION

2. Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.
3. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant reviewed and signed this waiver.

CONCURRENT RELEASE

4. The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Provider, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

5. The Participant acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance.

FULL AND FINAL SETTLEMENT

6. The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity provider has given the Participant sufficient time to carefully read this Waiver, (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, (3) the Participant fully understands the risks and claims the Participant is waiving to participate in the Activity, (4) the Participant is freely and voluntarily executing this Waiver, and (5) the Participant is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity.

GOVERNING LAW

7. This Waiver will be governed by and construed in accordance with the laws of the State of Georgia.

EMERGENCY CONTACT

8. Name: _____

   Phone: _____

PARENT OR GUARDIAN OF A PARTICIPANT UNDER 18

9. If the Participant is under 18, the Participant's parent or legal guardian signs this Waiver. By signing, the parent or legal guardian agrees to every term of this Waiver on the Participant's behalf and on their own behalf, gives up the same claims for themselves and for the Participant, and agrees to indemnify and hold harmless the Activity Provider from any claim brought by or for the Participant arising from the Activity.

IN WITNESS WHEREOF the Participant, or for a Participant under 18 their parent or legal guardian, has duly affixed their signature on the date shown below.

_____

(Participant, or parent or legal guardian)

_____ _____

Printed name Date