



## WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SPARK and AIDS Healthcare Foundation (AHF), including but not limited to, any risks that may arise from any activity or negligence on the part of the persons or entities being released, resulting in any physical, mental or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this group.

In consideration of my application and permitting me to participate in the group, I hereby take action for executors, my administrators, heirs, next of kin, successors and myself.

I am voluntarily participating in the group and I assume all related risks, both known or unknown to me, of my participation in the group.

I have no physical or mental condition, which, to my knowledge, would endanger others or myself if I participate in this group, or would interfere with my ability to participate in the group. I also agree to abide by any established rules or regulations while engaged in this group. I understand while participating in this group, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose.

I agree to hold SPARK and AIDS Healthcare Foundation, their volunteers, members, officers, agents, servants, and employees 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 the organization, including travel to, from and during the group activities. If I need medical treatment, I agree to be financially responsible for any costs incurred. 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 SPARK and AIDS Healthcare Foundation, their volunteers, members, officers, agents, servants, and employees from all liability, (b) promising not to sue SPARK or AIDS Healthcare Foundation, their volunteers, members, officers, agents, servants, and employees, (c) and assuming all risks of participating in the group.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of \_\_\_\_\_. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. No other representations concerning the legal effect of this document have been made to me. This agreement shall not be modified orally.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Print Name

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Signature

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Date