

Hold Harmless Agreement, Waiver, and Release ("Waiver")

In consideration of being permitted to participate in the events of The Celiac Family Network program (the "CFN Program"), I hereby waive, release and discharge any and all claims for damages or personal injury, death, or property damage which I may have or which may hereafter accrue arising out of my participation in said activity. This release is intended to discharge, in advance, Carter Hladki and his household, and all organizers, members, participants, and contributors (collectively, "CFN"), from and against any and all liability arising out of, or connected to in any way, any participation in any of the CFN Program or suggestions of CFN.

In consideration for my participation in an event or following the suggestions of CFN and, by signing this form, I acknowledge, agree and understand that my participation is voluntary and I assume risks associated with the activity in which I will be participating.

It is my express intent that this Waiver shall bind members of my family, heirs and/or representatives, and shall be deemed as a release, waiver, discharge and covenant not to sue CFN. I hereby further agree that this Waiver shall be construed in accordance with the laws of the State of Michigan, Oakland County.

By signing this Waiver, I acknowledge that I have carefully read this Hold Harmless Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CFN.

Children's Assumption of Risk, Release of Liability, and Waiver

I represent that it is my desire and intent that the child identified below (my Child) participate in the CFN Program. I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child's parent or legal guardian. I acknowledge that the participation of my Child in the CFN Program involves known and unknown risks, including the risk of physical injury, death and other damage from the consumption of certain foods.

On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in the CFN Program, including eating the food prepared or suggested there. I understand that there are risks inherent in cooking and eating the food prepared, including but not limited to, food allergy reactions and other accidents and injuries that may arise from the activity of eating the food.

In consideration for my Child being permitted to participate in the CFN Program and any and all of the activities that are or might be associated with the CFN Program, on my Child's behalf, I release and further agree to indemnify, defend and hold harmless CFN from any and all claims,

demands, actions, causes of action, lawsuits, expenses or losses (including attorney fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of, the CFN Program, including, without limitation, food consumption.

I understand that this is the entire agreement between CFN and me, and that it cannot be modified or changed in any way by the representations or statements of any organizer, member, participant or contributor of the CFN Program. I agree that this Agreement shall be governed and interpreted under Michigan law.

I acknowledge that I have read and understand this document, and by signing this form, I agree to the above waiver.

I agree that this Agreement shall be governed and interpreted under Michigan law.

I acknowledge that I have read and understand this document, and by signing this form, I agree to the above waiver.

Signature: _____

Date: _____

Print Name: _____

Child's Name: _____