



Fall Fest 2009 CFN Release Waiver

**** Each participating adult must sign or co-sign a release form in order to participate****

I, _____, wish to participate in CFN's Fall Fest Retreat 2009. I am aware that participation in such a program and the activities planned involve some degree of risk and I knowingly assume that risk. This release is given in consideration of being allowed to participate in such activities.

I hereby release, waive and discharge Cancer Family Network of Montana, its directors, staff, agents, volunteers, successors and assigns (collectively CFN) from any claim, demand, action or right of action arising from any bodily injury or personal injuries, known or unknown, death or property damage resulting from any accident or occurrence which may occur as a result of my participation in CFN organized programs.

This release is binding upon me, my heirs, devisees, personal representatives and assigns.

If I am accompanied by a minor, I sign this release on behalf of such minor, and agree to indemnify CFN from all claims and demands arising from any injuries or damages which may occur to such minor.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual.

I state and represent that I have read the foregoing release; I know and understand the contents of this release and sign it knowingly, as my own free act.

****Each participating adult must sign or co-sign a release form. If you need more signature lines, please print more copies of this form.****

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____