



PO Box 373, Warrenton, VA 20188

Name: _____

Email: _____

Phone: _____

Address: _____

Month and Day of Birth _____

Please note that this form must be complete and on file in order to be added to the group email list.

I fully understand that there are certain risks associated with the participation, facilities, instructions, equipment and/or events and activities that can not be eliminated regardless of the care taken to avoid injuries. I fully assume the risks involved and I agree to use my best judgment in undertaking these activities and events, and I agree to follow all safety instructions. I waive, release, and agree to indemnify and hold harmless the **Families 4 Fauquier** organization from any damages or liabilities, personal injury, property damage, accidents, illnesses, or any incidental damages that may arise from myself or families participation with any activities or events related to **Families 4 Fauquier**.

I agree that I do voluntarily sign this waiver and assumption of risk in favor of the following **Families 4 Fauquier**, in consideration for all of the following:

1. The opportunity to use facilities owned, leased, or operated by **Families 4 Fauquier**, and/or
2. The opportunity to receive instruction in an activity or event from the organization's volunteers.
3. The opportunity to use **Families 4 Fauquier** equipment, and/or
4. The opportunity to participate in sponsored activities, events and field trips

I assume these risks of my own free will and I understand that all activities are voluntary. I have read this Waiver and Assumption of Risk and the Families 4 Fauquier Rules and Guidelines and I understand the terms. I acknowledge that I intend by my signature this form to be a complete and an unconditional release of all liability to the greatest extent allowed by law in the state of Virginia.

Dated _____

Member Signature

Print Name