



GARRETT COUNTY

HEALTH DEPARTMENT

WAIVER AND RELEASE FROM LIABILITY

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge THE GARRETT COUNTY HEALTH DEPARTMENT and its agents, employees, officers, directors, affiliates, successors, managers and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities, conducted by, described as Harvest Hub Meal Box Distribution, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing and initialing the program receipt that I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am eighteen (18) years of age or older and mentally competent to enter into this waiver.