



11926 152<sup>nd</sup> St. N  
Jupiter, Florida 33457  
646 387-7907  
[www.farmsteadability.com](http://www.farmsteadability.com)

**WAIVER AND RELEASE OF LIABILITY.**

**Nov. 15, 2025**

**Please complete ONE form for ALL participants, Companions, Volunteers that will attend Farmsteadability FUNFEST. Participation will ONLY be permitted with completed form for all persons in attendance.**

In consideration of the risk of injury while participating in **FARMSTEADABILITY, LLC** (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge

**FARMSTEADABILITY, LLC** located at 11926 152<sup>nd</sup> St N Jupiter Farms, Florida, 33478, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM 18 YEARS OR OLDER AND AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY. I agree to indemnify and hold harmless **FARMSTEADABILITY, LLC** against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If **FARMSTEADABILITY, LLC** incurs any of these types of expenses, I agree to reimburse **FARMSTEADABILITY, LLC**.

I acknowledge that **FARMSTEADABILITY, LLC** and their directors, staff, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of **FARMSTEADABILITY, LLC**.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, insects, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, teachers, administrators, parents, spectators, coaches, equipment, groundskeepers, event officials and event monitors, and/or producers of the event.



I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE **FARMSTEADABILITY, LLC** AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST **FARMSTEADABILITY, LLC** FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of **FARMSTEADABILITY, LLC** its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the **Participant listed therein** and **FARMSTEADABILITY, LLC** agree that this Agreement is clear and unambiguous as to its terms.

#### **WAIVER AND RELEASE OF LIABILITY.**

**NOVEMBER 15, 2025**

I, the undersigned \_\_\_\_\_ **Participant OR Volunteer OR Companion (CIRCLE ONE)**, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**Participant OR Volunteer OR Companion (CIRCLE ONE) Name:** \_\_\_\_\_

**Participant OR Volunteer OR Companion (CIRCLE ONE) ADDRESS:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **PARENT / GUARDIAN WAIVER**

In the event that the participant OR volunteer is under the age of consent (18 years of age) OR under guardianship of his/her parents or other guardian, then this release must be signed by a parent or guardian, as follows:

**I hereby certify that I am the parent or guardian** of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent or Guardian Name:** \_\_\_\_\_

**Relationship to Participant OR Volunteer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

