



Facility Use Liability Waiver and Release

This Liability Waiver and Release form ("Agreement") is entered into by the undersigned participant or participant's legal guardian and pertains to participation in events and programming held at:

Canopy Way Adult Day Care Facility
5028 First Coast Highway
Fernandina Beach, Florida 32034

JAX Church
6118 Bowden Rd
Jacksonville, FL 32216

1. Acknowledgment of Risk

I understand that participation in activities hosted by MySocialbility.com at above facilities involves certain risks. I acknowledge and accept all potential risks associated with participation, including but not limited to personal injury, illness, or property damage.

2. Waiver of Liability

I, on behalf of myself and/or the participant, my heirs, executors, and assigns, release and hold harmless MySocialbility.com, its staff, volunteers, and the listed facilities from any and all liability, claims, or demands arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in any activity or using the facility premises.

3. Medical Consent

In the event of an emergency, I authorize MySocialbility.com personnel to seek emergency medical treatment for myself or the participant. I understand that I am financially responsible for any such care.

4. Facility Policies

I agree to comply with all rules and policies of MySocialbility.com and above facilities. I understand that failure to follow these rules may result in removal from the program or denial of future access to the facility.

Acknowledgment and Signature

By signing below, I confirm that I have read and understand this Liability Waiver and Release. I agree to the terms and conditions stated herein.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____