

**EMPLOYING F.R.I.E.N.D.S.
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I give my child _____ permission to participate in the Employing FRIENDS program through a partnership with the Carey Hilliard's Restaurant. I HEREBY ASSUME ALL OF THE RISKS OF ALLOWING MY CHILD TO PARTICIPATE IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS PROGRAM.

I WAIVE, RELEASE, AND DISCHARGE F.R.I.E.N.D.S. AND THE CAREY HILLIARD'S RESTAURANT from any and all liability in case of damage or loss of personal property, personal injury, and any and all claims that may result from any unforeseen accident or event occurring on the premises of the Carey Hilliard's Restaurant.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE F.R.I.E.N.D.S. or the CAREY HILLIARD'S RESTAURANT from any and all liabilities or claims made as a result of participation in this program.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT.

Participant's Name

Age

Parent/Guardian Print

Date

Parent/Guardian Signature

Date

F.R.I.E.N.D.S. Representative Signature

Date

Carey Hilliard's Representative Signature

Date