

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM



I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY / ALL ACTIVITIES ASSOCIATED WITH STEPS in Tuscany LLC, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released.

I certify that I am physically fit, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in any / all activities.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by STEPS in Tuscany LLC, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at any / all activities.

In consideration of my application and permitting me to participate in any / all activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- a) We WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:
- b) STEPS in Tuscany LLC and Roxanne Stella
- c) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any / all activities, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and / or illness during any / all activities.

STEPS in Tuscany LLC urges participants to review current travel advisories, warnings and restrictions issued by the United States government before booking any travel. In addition, participants are responsible for determining and obtaining proper documentation for travel to international destinations. For more information, please visit www.state.gov, www.tsa.gov, www.dot.gov, www.faa.gov, www.cdc.gov, www.treas.gov/ofac and www.customs.gov.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

(Please print legibly)

Date

Witness Name

(Please print legibly)

Date

Participant's Signature

Date

Witness Signature

Date