

SON FOUNDATION, INC.
RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

IN CONSIDERATION OF permitting the Undersigned adults and the child or children listed below to stay at the property located at 1327 N. Pennsylvania Street, Indianapolis, Indiana 46202 (hereinafter referred to as "the Premises), owned by SON Foundation, Inc., a nonprofit corporation existing under the laws of the State of Indiana (hereinafter referred to as "SON Foundation") and to participate in the activities of the Son Foundation at the Premises, the Undersigned adult(s) individually, and as a parent(s) or legal guardian(s) acknowledge and agree to the following:

Upon or before check-in with the Son Foundation at the Premises, all guests age eighteen (18) and over **MUST** sign this ***Son Foundation, Inc. Release and Waiver of Liability and Assumption of Risk*** (hereinafter referred to as the "Release"). To stay at the Premises and with the Son Foundation the Release must be signed upon your arrival or brought with you already executed before you are permitted to stay at the Premises. The Undersigned understand and represent that each child who is under eighteen (18) years of age and named below is the responsibility of the Undersigned while at the Premises and/or while being involved in SON Foundation activities. By signing this Release below, the Undersigned includes the child or children below and all such children, whether or not listed below, who may be at the Premises with the Undersigned and who are under the age of eighteen (18) years of age in all aspects of the Release, including but not limited to, including all minors under the coverage of this Release.

That SON Foundation has taken reasonable steps and precautions to assure your safety while staying at the Premises and with the Son Foundation, however, you do so at your own risk. The Undersigned understands that the Premises and the surrounding areas may be unfamiliar to the Undersigned, and the Son Foundation may provide voluntary activities for the Undersigned and their children. With the stay and all related activities, there is a certain element of risk. By accepting and executing this Release, the Undersigned hereby acknowledge that staying at the Premises and/or voluntarily participating in activities with the Son Foundation, are at the Undersigned's own risk, and that the Undersigned assume all responsibilities for any and all aspects of the stay at the Premises and participation in the activities of Son Foundation for both the Undersigned themselves and for any child or children who might accompany the Undersigned at the Premises and/or participating in the activities with the Son Foundation. This Release applies to the stay at the Premises and any and all activities of the Son Foundation, named and unnamed herein, which are voluntarily participated in by the Undersigned and the family members and visitors or guests of the Premises and/or the SON Foundation.

By executing this Release the Undersigned does hereby irrevocably and unconditionally release and forever discharge and hold harmless SON Foundation and its successors and assigns and each of its Board of Directors, officers, employees, and agents and other guests (the "Releasees") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from the Undersigned's stay at the Premises and/or activities with SON Foundation. THE UNDERSIGNED UNDERSTANDS THE TERMS OF THIS RELEASE AND HEREBY AGREES TO FOREVER DISCHARGE AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITY, DEMAND OR CLAIM THAT THE UNDERSIGNED MAY HAVE AGAINST THE RELEASEES OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY INCLUDING, BUT NOT LIMITED TO, ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM THE UNDERSIGNED'S STAY AT THE PREMISES AND/OR ACTIVITIES WITH THE RELEASEES, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES. THE UNDERSIGNED ALSO UNDERSTANDS THAT THE RELEASEES DO NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE INCLUDING, BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS OR IN THE CASE OF LOSS OF THE UNDERSIGNED'S PROPERTY DURING THEIR STAY ON THE PREMISES..

The Undersigned has read this Release and understands all of its terms; The Undersigned has executed the Release voluntarily, with full knowledge of its significance, and intends to be legally bound by it. The Undersigned understands that each child here with the Undersigned who is under 18 years of age is to be named below and is my responsibility while staying at the Premises and/or participation in activities of the SON Foundation. The Undersigned signature includes them in coverage of this Release form. The children who are here who are 18 and older will sign the release themselves and assume personal responsibility.

If a lawsuit is brought against any of the Releasees in relation to the Undersigned and/or the Undersigned child's or the Undersigned guests use of the Premises or participation in the activities of the Son Foundation, The Undersigned agrees to pay for any and all court costs and attorneys fees incurred by Releasees as a result of such litigation.

The Undersigned also declares that neither the Undersigned nor a child the Undersigned is responsible for, if applicable, are under the influence of any chemical substance that may impair my mental faculties and sound judgment at the time of the signing of this Release or at the time of the Undersigned child's use of the Premises.

The Undersigned agrees that if any provision of this Release is found to be unenforceable or invalid in any way, the remaining provisions will remain in force and in effect.

Release & Waiver Liability Cont'd

I HEREBY AGREE TO ALL ASPECTS OF THE ABOVE RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK.

Original Date of Stay from _____, 2016 to _____, 2016 at the SON Foundation home located at 1327 N. Pennsylvania Street, Indianapolis, Indiana 46202. By signing this Release below I further acknowledge that I understand this Release and hereby do elect not to execute a new Release, as this Release may be used for any reason by the Son Foundation, Inc. for any subsequent stay I may have at the Premises during the following twelve (12) months from the date on this Release.

Printed Name of SON Foundation Guest:

Signature of Guest:

Printed Name of SON Foundation Guest:

Signature of Guest:

Printed Name of SON Foundation Guest:

Signature of Guest:

Names of Children and SON Foundation Guest who is Responsible for Them:

Signature of Adult/Parent/Guardian

Print Name of Adult/Parent/Guardian

Thank you,
SON Foundation, Inc.

Denise Jacobson

Release & Waiver Liability Cont'd