

GROUP NAME: _____

10) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

11) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

12) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

13) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

14) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

15) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

16) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

17) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

18) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

19) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

20) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

21) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

22) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

23) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

24) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

25) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

26) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

27) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

28) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

29) Printed Name of Participant: _____ Phone Number: _____

Participant's Signature: _____ **Date:** _____

30) Printed Name of Participant: _____ Phone Number: _____

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.