



## **WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in Courier services/ Passenger Transportation Services( the “Activity”), and as consideration for the right t to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any whatsoever arising out of my participation in the Activity, and do hereby release forever discharge Manemmar Services Inc / Promed Express Florida, located at 10335 Orangewood Blvd Ste D, Orlando Florida 32821, their affiliates, managers, members, agents, attorneys, staff, volunteers. Heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THUS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY PAIN, SUFFERING, ILLNESS, DISFIGUREMENT. TEMPORARY, OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Manemmar Services, Inc / Promed Express Florida against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney fees and any related cost, if litigation arises pursuant to any claims made by me or anyone else acting on my behalf. If

Manemmar Services Inc. / Promed Express Florida incurs any of thee types of expenses, I agree to reimburse Manemmar Services Inc. / Promed Express Florida.

I acknowledge that Manemmar Services, Inc. / Promed Express Florida and theirs directors, officers, volunteers, representative and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Manemmar Services, Inc, / Promed Express Florida.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risk may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration or equipment.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Manemmar Services, Inc / Promed Express Florida AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSIONS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Manemmar Services Inc. / Promed Express Florida FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To extent that statue or case law does not prohibit release for negligence, this is also for negligence on the part of Manemmar Services Inc. / Promed Express Florida, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event of any damage to any equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all cost associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both participants, \_\_\_\_\_, and Manemmar Services Inc. / Promed Express Florida agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect., so long as the clause severed does not affect the intend of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then the provision shall be deemed to be written, constructed and enforced as so limited.

I affirm that I am freely signing this agreement. I certify that I have red this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract.

**Independent Contractor Name:** \_\_\_\_\_

**Independent Contractor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**COMPANY: Manemmar Services, Inc D/B/A ProMed Express Florida**

**COMPANY REP NAME: Manuel Fuentes**

**COMPANY REP SIGNATURE:** \_\_\_\_\_

**COMPANY REP TITLE: Director of Logistics**

**DATE:** \_\_\_\_\_

