ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability and Assumption of Risk (the “release”) executed on ___ (date) by _______________ (“Recipient”) releases Wishing Well Inc. d/b/a Freemeals, a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents.

Release of Liability: The consumption of food from food providers carries with it some inherent risks. Therefore, in return for participating in the FreeMeals program and receiving a free meal from Partner Restaurants (the “FreeMeals Program”), the undersigned Recipient releases and agrees not to sue FreeMeals or its officers, directors, employees, sub-contractors, sponsors, agents, Partners Restaurants and affiliates (“FreeMeals”) from all present and future claims that may be made by Recipient arising as a result of Recipient’s participation in the FreeMeals Program.

Assumption of Risk: In consideration of the above, Recipient assume all risks associated with acceptance of food product supplied under the FreeMeals Program by third party restaurants or caterers to Freemeals (the “Partner Restaurants”) including matters of health and safety associated thereof.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability and assumption of risk agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability as relates to this Agreement to the greatest extent allowed by law.

Date: ______________________  Name ______________________