

## RELEASE OF LIABILITY AND WAIVER

I request to participate in Welcome Home Fest (the “Event”) to be held October 9 - 13, 2025 at Quiet Valley Ranch in Kerrville, Texas. I understand that my participation in the Event is conditioned on my agreement to this Release of Liability and Waiver (the “Agreement”). I am a voluntary participant in this Event. I represent and warrant that I am not, to the best of my knowledge, currently infected by or experiencing symptoms of COVID-19 and that I am solely responsible for my personal health, safety, and personal property and that of my children while at the Event. I agree to follow the health and safety protocols of the Event set forth by the Kerrville Folk Festival Foundation and understand that failure to follow these protocols may result in my expulsion from the Event.

I know that this Event is a potentially hazardous activity, and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury, illness, or accident that may occur to me or to children accompanying me during participation in the Event or while on the premises where the Event is held or as a result of participation in the Event.

TO THE FULLEST EXTENT PERMISSIBLE BY LAW, I, FOR MYSELF, MY FAMILY, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, “RELEASORS”), HEREBY RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE (1) THE KERRVILLE FOLK FESTIVAL FOUNDATION AND ITS AFFILIATES, MEMBERS, DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; AND (2) ANY OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE EVENT (COLLECTIVELY, THE “RELEASEES”) FOR ANY INJURY, ILLNESS, LOSS, DAMAGES, OR DEATH RESULTING FROM MY PARTICIPATION IN THIS EVENT, INCLUDING ANY RESULTING FROM THE NEGLIGENT CONDUCT OR OMISSION BY ANY OF THE RELEASEES. THIS RELEASE APPLIES TO ANY AND ALL INJURIES, ILLNESSES, LOSSES, DAMAGES, DEATH, OR OTHER CLAIMS THAT ANY OF THE RELEASORS MAY HAVE ARISING OUT OF MY PARTICIPATION IN THE EVENT, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE SUFFERED BY ME OR MY FAMILY, WHETHER OR NOT SUCH INJURY, ILLNESS, LOSS, DAMAGE, DEATH OR OTHER CLAIM IS CAUSED BY FALLS, CONTACT WITH OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH OBJECTS OR ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR FORESEEABLE AT THIS TIME, OR OTHERWISE. I UNDERSTAND THAT I HAVE THE RIGHT TO CONSULT AN ATTORNEY BEFORE SIGNING THIS.

I acknowledge and agree that I have read and will abide by the Rules of the Event.

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Printed Name of PARTICIPANT

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Signature of PARTICIPANT

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Printed Name of PARTICIPANT’S Parent or Guardian (if under 18)

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Signature of PARTICIPANT’S Parent or Guardian