

**Corporate Membership**

**Liability Waiver and Indemnity Agreement**

|  |  |
| --- | --- |
| This agreement is between |       |
| *(print your company name)* |
| referred to as the "Sponsor" and The Humble Makers, 21909 US 59, Humble, TX 77339. |
| Sponsor acknowledges that The Humble Makers is a dangerous place. Sponsor agrees that its agents and affiliates will be responsible for their own safety and actions, and will instruct and ensure that Sponsor's agents and affiliates follow all safety instructions and signage while at The Humble Makers.Sponsor releases The Humble Makers from any and all liability related to the facilities, services and programs provided to the agents or affiliates of the Sponsor. The Humble Makers shall not be liable to the Sponsor or any person for any injury or damage to property or persons caused by Sponsor's agents' or affiliates' use of the facilities, services, and programs of The Humble Makers for any reason whatsoever. The use of facilities, services and programs by the agents and affiliates of Sponsor is solely at their own risk. Sponsor shall indemnify, defend, and hold harmless The Humble Makers, its members, its officers, and its directors from and against any and all claims, losses, costs, or expenses arising out of or relating to damage caused by the use of the facilities, services, and programs of The Humble Makers by Sponsor's agents or affiliates, including subrogation claims by insurance carriers, court costs, and attorney's fees. **Sponsor hereby waives any and all rights of recovery, claim, action or cause of action against The Humble Makers for any injury or damage that may occur, regardless of cause or origin, including negligence and gross negligence.**Sponsor acknowledges and agrees that all of Sponsor's agents, affiliates, and guests that visit The Humble Makers’ facilities will be required to first agree to and sign The Humble Makers’ liability waiver. |
| E:\Others\Pers\oDesk\Kyle\WWW\SIGN.png |  |  |       |
| SIGNATURE | PRINTED NAME |
|       |  | INTERNAL USE ONLY |
| DATE |  | **Badge:** |  |
|  |  |  |  |