

# Stepping Stones Supportive Services, L.L.C.

936 Armstrong Ave.  
Saint Paul, MN, 55102  
Males: (612) 309-3322  
Females: (651) 983-4424

## Liability Release, Hold Harmless Agreement, and Lodgers Agreement.

1. \_\_\_\_\_ I understand it is my responsibility to follow house rules, expectations, and guidelines as outlined in the above lodger's agreement.
2. \_\_\_\_\_ I understand it is my responsibility to be familiar with all house rules, expectation, and guidelines.
3. \_\_\_\_\_ I understand that by signing the Stepping-Stones Supportive Services Lodgers agreement I release Stepping-Stones Supportive Services, LLC, it's owners, affiliates, house managers, residents, or any other affiliates of Stepping-Stones Supportive Services, LLC, from any and all liability during my participation in, or resulting from my actions or actions of others while a resident at any residence owned, operated, leased, managed or affiliated with Stepping-Stones Supportive Services, LLC.
4. \_\_\_\_\_ I have read the Stepping-Stones Supportive Services lodger's agreement and house rules, expectations, and guidelines and understand that by signing this release I agree to the terms set forth in the agreement.
5. \_\_\_\_\_ I understand that if I do not follow house rules, expectations and guidelines as set forth in this agreement, whether stated, implied, or set forth by any manager of Stepping-Stones Supportive Services, LLC, that I will be asked to leave immediately and that I will forfeit all deposits, program/rental fees or other expenses I have paid.
6. \_\_\_\_\_ I understand that that as a resident of Stepping-Stones Supportive Services housing programs that I am living in an alcohol and drug free shared housing property managed by a house manager. I also understand that residency in any Stepping-Stones Supportive Services owned, managed, or leased property is in the capacity of a lodger sharing a housing unit and not a tenant with tenant rights or possession of space exclusively.

Printed Name of Resident \_\_\_\_\_

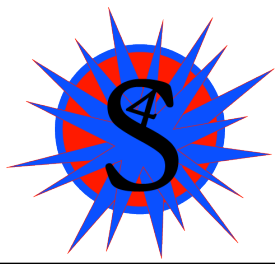
Signature of Resident \_\_\_\_\_

Date of resident's entry into the house \_\_\_\_\_

Name of house \_\_\_\_\_

Date agreement explained and signed \_\_\_\_\_

Manager's name \_\_\_\_\_



# Stepping Stones Supportive Services, L.L.C

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Saint Paul, MN, 55102

## Liability Release, Hold Harmless Agreement, and Lodgers Agreement.

This release and Hold Harmless Agreement is executed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
between \_\_\_\_\_, the participant/resident, and Stepping-Stones Supportive  
Services, LLC, (d.b.a. S4, LLC).

\_\_\_\_In consideration of being permitted to live in the supportive living environments of Stepping-Stones Supportive Services, L.L.C. and in order to participate in the programs and live in the residences constituting Stepping-Stones Supportive Services, L.L.C, the undersigned participant and the undersigned participants parents, legal guardian(s), legal representatives, heirs, assignees, or anybody related to or affiliated with the undersigned participant execute this Release and Hold Harmless Agreement.

\_\_\_\_The undersigned participant agrees to release, waive, and discharge Stepping-Stones Supportive Services, LLC, Callan Daniel Crawford or any owners, partners, affiliates, officers, managers, house managers, house residents, employees, or subcontractors of Stepping-Stones Supportive Services, LLC from any and all liability during the participants participation in, or resulting from the participants actions or inactions, while in the Stepping-Stones Services programs.

\_\_\_\_The undersigned agrees to release, waive, and discharge Stepping-Stones Supportive Services from all liability for any and all loss or damage to participant on account of injury to the participant or participant's personal property, even injury or relapse resulting in the death of the participant in any of the activities provided or occurring in the dwellings owned, operated, leased, managed, or affiliated with Stepping-Stones Supportive Services, LLC.

\_\_\_\_The undersigned participant releases Stepping-Stones Supportive Services (D.b.a. S4, LLC) from any claim whatsoever on account of first aid, or medical treatment or service rendered to the participant as a result of injuries.

\_\_\_\_Participant agrees to be financially liable and responsible for any and all medical costs related to any injuries occurring while participating in Stepping-Stones Supportive Services programs or while living at any Stepping-Stones Supportive Services property, whether owned, operated, leased, or managed by Stepping-Stones Supportive Services.

\_\_\_\_The undersigned participant and/or resident expressly agrees that this Release and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and that if any portion hereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In witness whereof, this Release and Hold Harmless Agreement is executed in Saint Paul, Minnesota:

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
For Stepping-Stones Supportive Services

\_\_\_\_\_  
Date