THE PHOTOGRAPHER'S EYE COLLECTIVE

WORKSHOP/CLASS LIABILITY WAIVER

RELEASE, WAIVER AND ASSUMPTION OF RISK
(required for participation in any Workshop or attendance as a non-participating partner of someone enrolled in any workshop)

I, _____ ("Participant"), in consideration of attending and participation in the workshops, classes, or other programs described as any **Photographer's Eye Collective** workshop/class, do hereby waive, release and discharge **The Photographer's Eye Collective**, and its representatives from any and all claims, causes of action or expenses for any and all personal injuries, loss of wages, pain and suffering, loss of consortium, or property damage, arising out of or occurring, in connection with the activities of any workshop.

Medical Concerns. I agree that if I have any concerns about my health or ability to participate in the workshop/classes, I will discuss my concerns with my physician before deciding to participate in the Activities. I agree to follow my physician's recommendation regarding participation in the Activities. I further agree to disclose to the workshop leader any serious concern I have regarding my health if I believe it may hinder my participation or affect the workshop activity in any way.

Insurance. I understand that I am responsible for providing any medical, vehicle, equipment (camera, computer etc.), or other insurance that I consider necessary or appropriate to cover my participation in the Activities.

Responsibility. The Released Parties in no way represent or act as agent for transportation carriers, hotels, or other suppliers of services in connection to the Activities. Additionally, the Released Parties have no responsibility for losses or expenses due to sickness, or weather. The Released Parties reserve the right to make changes to the itinerary whenever, in their judgment, conditions so warrant, or if they deem it necessary for the comfort, convenience or safety of the participants in the Activities.

Non-Participation. The Released Parties reserve the right to decline to accept any person as a participant in the Activities, or to require any participant to withdraw from the Activities at any time, when such an action is determined by the appropriate staff representative to be in the best interests of the health, safety, and general welfare of the group, or of the individual participant.

Physical Activity and Risk I recognize and acknowledge the risk concerning the workshop or class Activities. I recognize that there is a moderate level of physical activity involved and the Activities may require participants to walk some distances, tread on uneven ground, photograph at higher altitude, or be exposed to photographic chemicals. I acknowledge that this activity may be exposing one to risk or injury, or possibly death. I further understand that this Release is absolute as to all claims, demands, causes of actions, suits, damages, costs and expenses which may arise as a result of any injury or death or in connection with any property damage which could occur during the workshop.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN OF MY POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH HEREIN WHETHER I AM AN ACTUAL PARTICIPANT IN ONE OF THE WORKSHOPS OR I AM ATTENDING AS A NON-PARTICIPATING PARTNER OF SOMEONE ENROLLED IN A WORKSHOP.

IN ADDITION I PROMISE TO ADHERE TO ANY REQUIREMENTS RECOMMENDED BY THE WORKSHOP LEADER TO MITIGATE COVID-19 INCLUDING BUT NOT LIMITED TO: MASK WEARING, HAND WASHING/USING SANITIZER, AND SOCIAL DISTANCING.

Participant Signature:_____Date_____

Print_____

my cell phone number during this trip:_____

Name and telephone number of emergency contact person:

_____

Mail signed form to:
THE PHOTOGRAPHER'S EYE COLLECTIVE
326 EAST GRAND AVE
ESCONDIDO, CA 92025