

Master The Milky Way Night Photography Workshop
Friday May 23, 2025
RELEASE, CONSENT AND ASSUMPTION OF RISK

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

I understand that the Master The Milky Way, Night Photography Workshop (the "Workshop") will be held at the Washington Overlook. This location has no lighting and no safety equipment of any type.

I understand that risks and dangers exist associated with night time photography alone or with others, including but not limited to bodily injury, property damage, communicable diseases, partial or total disability, paralysis and death. I understand that some unavoidable circumstances can occur where these conditions may require special caution on my part to minimize danger to myself and others, and I acknowledge that it is my responsibility to act accordingly. These risks and dangers may be caused by my negligence, the negligence of others, drivers on the road, wild animals, or the negligence of others around me who are participating in the workshop or doing any other activity, or by the negligence of the people leading the Workshop.

Other risks not known or foreseeable at this time could arise.

I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF DEATH, ILLNESS, INJURY SUSTAINED, OR PROPERTY DAMAGE WHILE PARTICIPATING IN OR OBSERVING THE WORKSHOP, WHETHER OR NOT CAUSED BY THE NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OF THE RELEASED PARTIES IDENTIFIED BELOW. **INITIALS** _____

I accept and assume all risk and responsibility for all losses and damages following any injury, illness, disability, paralysis or death, however caused or alleged to be caused including injuries caused in whole or in part by the negligence of the Workshop leader, Mike Oitzman. **INITIALS** _____

I release Master The Milky Way, Mike Oitzman, and other leaders of the Workshop, agents, employees, volunteers and all individuals associated with the Workshop ("the released parties"), from all liability, claims, demands or actions arising out of any damage, loss or injury to me while attending the Workshop or while participating in any aspect of the Workshop, whether such loss, damage, or injury results from negligence or otherwise. **INITIALS** _____

I agree that I WILL NOT SUE OR MAKE A CLAIM AGAINST the Released Parties as the result of my participation in the Workshop at any location where the Workshop takes place. I agree to DEFEND AND INDEMNIFY THE RELEASED PARTIES from all claims, judgments and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in any Workshop activity.

I make this agreement on behalf of myself, my heirs, successors, estate, and dependents. By signing this form I am asserting that I am at least 18 years of age.

Date: _____

Signature