

Center for Plant Studies and Healing Arts (CenterPSHA)

Participant Release and Waiver of Liability hereinafter "Release" executed _____, 20__ by _____ (hereinafter "Participant")

In favor of Rhonda PallasDowney or named facilitator, Sandra O'Connor.

Participant desires to participate in The Center for Plant Studies and Healing Arts Experiential Programs One and Two. (Hereinafter "activities")

Please read this waiver and release carefully before signing. All participants must sign this document. For participants under the age of 18 years of age ('minor or child'), parents and or legal guardians must also sign.

I wish to participate in one or more of the activities associated as stated above. I agree to read, listen to and follow all safety instructions and procedures presented in conjunction with any activities and to use my best judgment based upon my physical and mental abilities at all times, and to immediately terminate participation in the activity if it becomes too strenuous, difficult or hazardous for me. I am aware that participation in said activities may pose certain dangers, such as falling or possible dehydration, and any other injury or illness not mentioned. **I understand that the facilitators cannot eliminate any of these risks or assure the safety of participants in the activity. I accept full personal responsibility for all risks arising from or relating to, any activity in which I participate with the above facilitators that includes transportation.**

*** I also understand that I will not participate under the influence of alcohol or illegal drugs** and I will notify the facilitators if I am using prescription medications or herbal remedies and existing physical conditions. I understand that I will list any pre-existing physical or mental conditions here, such as, and not limited to: heart disease, diabetes, claustrophobia, asthma, bone injuries, head injuries, stroke, lung disease, etc.

***Meds:** _____

In consideration for permitting me to participate in the activities, I, for my family, my estate, and myself, hereby waive any right of recovery and claims of liability against The Center for Plant Studies & Healing Arts, and facilitators, including claims for bodily injury, including death, personal injury and/or damage to property, and release Facilitators from such claims and an claims made by others for personal injury or property damage allegedly caused by me. Further I will hold the "Facilitators" harmless from any loss or damages resulting from the foregoing waiver and release.

This Release and Indemnity Agreement is a contract not a mere recital and thus it shall remain in effect for all activities sponsored by The Center for Plant Studies and Healing Arts and the facilitators. I hereby knowingly,

