WAIVER, RELEASE, HOLD HARMLESS FOR INSTRUCTORS OR PARTICIPANTS

Name (Printed):	
Check the appropriate box: Instructor _	Participant
I am an employee of: Ye	s No
I, the above-named, have elected to provide instruction Hike on June 1, 2024, sponsored by Phipps Consers strictly voluntary on my part and my participation is of employment, membership, or any other affiliation with that Phipps Conservatory does not guarantee safety harmless Phipps Conservatory, its board, employee officers, licensees, assigns, and volunteers from all claresult from actions related to my attendance or participal disqualifies me from recovering damages against Phips Cagents, members, affiliates, directors, officers, license against all claims, accusations, notices, judgments, ruexist as a result of my actions, inactions, errors, acts, attendance I am consenting to being photographed by Acknowledgement and signatures:	watory. I understand that this activity is my own free will and not a requirement of Phipps Conservatory. I acknowledge I voluntarily waive, release, and hold s, agents, members, affiliates, directors, aims, accidents, injuries, or death that pation. I understand that this document pps Conservatory should I be injured. I conservatory, its board, employees, ees, assigns, and volunteers from and lings, liabilities, expenses, etc. that may or omissions. Additionally, by my
I have read and fully understand the above waiver. I use am giving up certain rights and accepting certain duties	
Signature:	Date:
Signature of Parent/Legal Guardian where Applica	ible:
	Date: