

Springhill Photography Waiver

King Township Photography Tours

General Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Event Title: King Township Photography Tour 2006

Activity Date(s) Participating:

July 15th ___ Aug 20 ___ Sept 17 ___ Oct 15 ___

Other: _____

Description of Activities:

Engaging in a photography tour of King Township, which may involve walking and/or hiking up and down hills, crossing streams, creeks and rivers, negotiating wooded areas, marshes and bogs and otherwise rough terrain, that may require strenuous activity.

Known Health Conditions:

Allergies (requiring an Epipen) _____ Ankle _____ Asthma _____ Do you carry a puffer _____ Back _____ Cardiovascular Condition _____ Diabetes _____ Do you carry a monitor _____ Do you carry snacks _____ Knee _____ Hip _____ Pregnancy _____ Seizure _____

Other _____

On behalf of myself and my executors, administrators, heirs, next of kin, successors, assigns

I, hereby acknowledge and waive, release, and discharge from any and all liability for any and all personal injury, disability, property damage, property theft or actions of any kind which may occur to me, Springhill Photography and/or Tourism King, it's owners, and employees; and from any and all liabilities or claims made by other individuals or entities as a result of any of my actions. I release Springhill Photography and/or Tourism King owners and employees; and hold them harmless.

I hereby acknowledge and understand that participating in the King Township Photography Tour may involve physically strenuous activities. I hereby represent that, to the best of my

knowledge, I am in good physical health and condition. I hereby further acknowledge and understand that it is my responsibility to let the King Township Photography Tour and Springhill Photography organizers know if my health condition changes.

X _____
Signature

X _____
Date