



Waiver of Liability

(Required for attendance to photography tours and workshops)

By joining this photo tour I hereby unconditionally and irrevocably release, quit and forever discharge Fourcorners Photography LLC, Peter Boehringer and successors, heirs, beneficiaries and assigns for, from and against any and all rights, claims, obligations, actions, causes of actions, suits, demands, costs, expenses, damages to persons or property, injuries, losses, delays, mishaps, expenses thereof associated with photography tour or workshop participation or other occurrences, including, without limitation, attorney's fees (collectively "Claims"), arising out of or resulting from my attendance and participation in the course of the photography tour or workshop or in transit thereto. I shall indemnify, defend and hold Fourcorners Photography LLC, Peter Boehringer harmless for, from and, against any and all Claims.

As there is always an element of risk in any adventure associated with the outdoors, participants must read this form carefully. This liability release will certify that the participant is physically and mentally fit and capable of participating in outdoor photography exercises in field locations, and is fully and completely aware of any associated risks created by field locations and weather. I reserve the right to change our arrangements and itinerary should conditions necessitate, or to cancel any aspect of the photo tour due to exceptional circumstances.

By joining this photography tour or workshop I acknowledge that I have read the above information concerning responsibility and release Fourcorners Photography LLC, Peter Boehringer from any liability against any and all Claims. I also acknowledge that Fourcorners Photography LLC, Peter Boehringer have the right to refuse service to anyone at anytime.

Your initials: _____

Your Name (Please Print): _____

Emergency contact in case you have an accident or serious health issue:

Contact person: _____ Phone #: _____

Allergies: _____

Please list any special medication that you are taking which might have some emergency character under specific circumstances:

Your Signature: _____

Date: ____ / ____ / ____