

THE ONE YEAR ADVENTURE NOVEL

2018 Winter Workshop

Waiver

Student full name

_____/_____/_____
Date: MM/DD/YYYY

- I the undersigned have read the event information on the Winter Workshop page of the website.
- I hereby release and discharge Daniel and Carrol Schwabauer and Clear Water Press, Inc. and its/their officers, directors, agents, representatives and employees (collectively "HOSTS") from any and all liability arising out of, or in connection with, the aforementioned Winter Workshop (hereafter "event"). For the purposes of this agreement, liability means any and all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against HOSTS, because of or arising from any death, personal injury or illness regarding Student, or because of any loss or damage to property that occurs and results from any cause other than the gross negligence of HOSTS.
- I understand that accompanying parents/guardians are welcome to attend the event as non-participants, and must pay the additional cost of meals and accommodation if they eat and/or stay at the Heartland Center.
- I understand that I am responsible for all transportation to and from the event, unless I pay for the airport shuttle service.
- I understand the HOSTS expect me to act in a mature manner with no roughhousing or other inappropriate behavior.
- I will respect the property of Heartland Center. I will speak respectfully to everyone involved.
- I understand the HOSTS are not responsible for my personal belongings, including clothing, books, laptop computers, iPhones, etc.
- I understand that I am solely responsible for my welfare and behavior, and agree that if I violate this agreement I may be sent home at my expense.
- I agree not to videotape or record any portion of the workshop (audio or video) without prior written consent, including through the use of a cell phone or other electronic recording device.
- In the event of any perceived or actual illness or injury to me, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for my safety and welfare.
- It is understood that the resulting expenses will be the responsibility of myself or of my parents/legal guardians.
- I hereby consent to the administration of over-the-counter medication by the HOSTS in the event of any perceived or actual illness or injury to me unless said medication is specified not to be administered on the Student Balance Payment ticket form.
- I agree that it is my responsibility to continue taking any prescription medication while attending the 2018 OYAN Winter Workshop.

This agreement cannot be changed or altered orally. Facsimile signature shall be deemed originals for purpose of this agreement.

Print name of Student

X _____
Signature of Student

If Student lives with parent/legal guardian:

Print name of Parent/Legal Guardian

X _____
Signature of Parent/Legal Guardian

Upload a scan of this completed waiver when you make your student balance payment. Do not mail or email.