

# **Liability Waiver for Don Landwehrle Photography Workshops**

**Participant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Workshop Date & Title:** \_\_\_\_\_

## **Acknowledgment of Risks**

I understand that participation in photography workshops organized by Don Landwehrle Photography, led by Donald Landwehrle, involves risks, including but not limited to physical injury, property damage, or loss due to outdoor activities, equipment use, or travel to workshop locations. I voluntarily assume all such risks.

## **Release of Liability**

In consideration of being permitted to participate, I hereby release, waive, and discharge Donald Landwehrle and Don Landwehrle Photography, its agents, employees, and affiliates from any and all liability for injury, loss, or damage arising from my participation, to the fullest extent permitted by law.

## **Medical and Emergency Authorization**

I confirm I am in good health to participate. In case of emergency, I authorize Don Landwehrle Photography to secure medical treatment on my behalf.

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

## **Agreement to Terms**

I have read and understood this waiver. I am of legal age (18 or older) and sign voluntarily. If under 18, a parent/guardian must co-sign.

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note: This waiver must be completed and returned prior to participation. Consult a legal professional to ensure compliance with local laws.*