Waiver of Liability

I have read the schedule of activities, the full course description and Maine Media Workshops + College’s (“Maine Media”) Terms & Conditions for Destination Workshops (“Terms and Conditions”) for the Workshop (the “Workshop”), and recognize and accept all the risks in any way associated with, relating to, or arising out of the Workshop.

I understand and agree on behalf of myself, my dependents, heirs, administrators, successors, and assigns to abide by the conditions set forth under the Terms and Conditions. I further hereby release, discharge, and agree to hold harmless Maine Media and any of its instructors, agents, employees, or representatives, from any and all liability for damages or injuries of any kind incurred in connection with the Workshop; including, without limitation, damages or injuries resulting from delays, expenses, inconvenience, illness, injuries, death, or the loss of or damage to property; and including, without limitation, and to the fullest extent permitted by law, any damages or injuries arising directly or indirectly from, or attributable to, any conduct, fault, or negligence on the part of Maine Media, or its instructors, agents, employees, or representatives, or on the part of other Workshop participants; and including, without limitation, any damages or injuries arising directly or indirectly from, or attributable to, any conduct, fault, or negligence on the part of any company or individual engaged in providing services in connection with the Workshop; and including, without limitation, damages or injuries arising directly or indirectly from, or attributable to any conduct, fault, or causes of any kind that are beyond the control of Maine Media or its instructors, agents, employees, or representatives, or other Workshop participants.

By signing below, I also certify that I do not have any health, mental or physical condition that would create a hazard for myself or other participants.

Signature____________________________________

Name ______________________________________

Date ______________________________________