Sacramento Valley Astronomical Society (SVAS) HGO Observatory Visit and Activities Waiver and Release of Liability Agreement



THIS AGREEMENT MUST BE READ AND SIGNED TO PARTICIPATE IN ANY SVAS EVENT AND ACTIVITY AT HGO OR ANY OTHER LOCATION.

- 1. **Voluntary Participation**: I understand that my participation in SVAS events and activities is voluntary.
- 2. **Assumption of Risk**: I accept and assume all risks of injury, illness, death, or property damage arising from my participation in the activities or presence at the observatory and related facilities.
- 3. **Release of Liability**: I release SVAS, its officers, directors, members, volunteers and participants from any claims or liabilities arising from my participation in the activities, including exposure to COVID-19.
- 4. **Indemnification**: I agree that SVAS and its representatives will not indemnify me, and I will not indemnify SVAS and its representatives. However, I acknowledge that I am responsible for any damage I may cause to the property or equipment of SVAS during my participation in the activities.
- 5. **Medical Treatment**: I acknowledge that SVAS does not provide medical care and that I am responsible for any medical expenses incurred.
- 6. **Compliance with Rules**: I agree to follow all SVAS event rules. I understand that failure to comply may result in removal from the event.
- 7. **Photographic Release**: I grant SVAS permission to use photographs or videos taken during the event for promotional purposes without compensation.
- 8. **Severability**: If any part of this Agreement is found invalid, the remaining provisions will continue in effect.
- 9. Minors: All persons under the age of 18 shall be accompanied by a parent or guardian.
- 10. **Complete Agreement**: This is the complete agreement regarding my participation and supersedes any other agreements or representations.

Acknowledgement and Signature: I have read and understand this waiver and release of liability and agree to its terms. I sign this freely and voluntarily.

Participant Name:	Participant Signature:
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Date of Event:	Date: