

## **Individual Waiver Workshops with Nature Life LLC**

READ THIS CAREFULLY BEFORE SIGNING

I, the undersigned, understand that my participation in the workshops organized by Nature Life LLC, including but not limited to gardening, birdwatching, beekeeping, and nature walks, may involve physical activities that carry inherent risks, including but not limited to the risk of injury, illness, or damage to personal property. By signing this waiver, I acknowledge and voluntarily assume all such risks, whether known or unknown, associated with my participation.

I agree that I am solely responsible for my own safety, belongings, equipment, and vehicle during my participation in these workshops. I affirm that I will only engage in activities within my physical capabilities and comfort level.

### Release of Liability:

In consideration of my participation, I hereby release, discharge, and hold harmless Nature Life LLC, its owners, employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, illness, damage, or loss I may suffer as a result of my participation in these workshops, including claims arising from the negligence of Nature Life LLC.

### Assumption of Risk:

I fully understand and accept that my participation in these workshops carries risks of bodily injury, property damage, and other dangers. I assume all risks voluntarily, including those arising from the actions or inactions of Nature Life LLC, its employees, or other participants.

### Indemnification:

I agree to indemnify, defend, and hold harmless Nature Life LLC, its owners, employees, agents, and affiliates from any claims, losses, liabilities, damages, or expenses (including attorney's fees) arising from third-party claims related to my participation in the workshops.

### Medical Treatment:

In the event of any medical emergency, accident, or illness, I give my consent to receive any necessary medical treatment, including transportation to a medical facility. I agree to be responsible for all medical costs and related expenses incurred as a result of any injury or illness arising from my participation. I hereby release Nature Life LLC from any and all liability in connection with such medical care.

Photo/Video Consent:

I hereby grant Nature Life LLC the irrevocable right to take and use photographs and/or videos of me during the workshops for promotional purposes, including but not limited to use on the company's website, social media platforms, and marketing materials, without compensation. I waive any right to inspect or approve the final product or the specific uses of such photographs or videos.

Confidentiality of Information:

I understand that any personal information I provide below will not be shared with any third party and will be used solely for the purpose of contacting me regarding future workshops and events organized by Nature Life LLC.

By signing below, I confirm that I have carefully read and fully understand this waiver, and I voluntarily agree to all terms outlined herein.

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Please select the appropriate option:

I give permission for photos or videos of me to be taken and published as described above:

YES

NO

Participant Information:

Print Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

Emergency Contact Information:

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

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

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

Participant's Signature: \_\_\_\_\_

Guardian's Signature (if under 18):

\_\_\_\_\_  
Print Guardian's Name: \_\_\_\_\_