

Lakota Earthsong: Cultivating Sustainability through Ethnobotany Workshop

Participant Release and Waiver Agreement

I, [Participant's Full Name], hereby voluntarily agree to participate in the Lakota Earthsong: Cultivating Sustainability through Ethnobotany workshop series organized by Lakota Youth Development. In consideration for being permitted to participate in the Workshop, I acknowledge and agree to the following terms and conditions:

1. **Assumption of Risk:** I understand and acknowledge that participation in the Workshop may involve certain risks, including but not limited to physical exertion, exposure to natural elements, and the use of gardening tools. I voluntarily assume all risks associated with my participation in the Workshop.
2. **Physical Health:** I represent that I am physically fit and able to participate in the Workshop activities. I understand that it is my responsibility to consult with a healthcare professional before engaging in any physical activity associated with the Workshop.
3. **Release of Liability:** I hereby release, discharge, and hold harmless the Organizer, their officers, directors, employees, agents, and representatives from any and all claims, liabilities, damages, or expenses arising out of or in any way related to my participation in the Workshop, including but not limited to personal injury, property damage, or loss.
4. **Photography and Video Release:** I grant the Organizer the irrevocable and unrestricted right to use and publish photographs, videos, and other media captured during the Workshop for promotional, educational, and archival purposes. I waive any right to inspect or approve the finished product and acknowledge that I will not receive any compensation for the use of such materials.
5. **Confidentiality:** I agree to respect the confidentiality of any sensitive information shared during the Workshop, including personal stories, cultural practices, and proprietary techniques.
6. **Compliance with Rules:** I agree to comply with all rules, guidelines, and instructions provided by the Organizer and workshop instructors. I understand that failure to adhere to these rules may result in my removal from the Workshop without refund.
7. **Emergency Medical Treatment:** In the event of an emergency, I authorize the Organizer to seek medical treatment on my behalf and release them from any liability arising out of such treatment.
8. **Binding Effect:** This Release and Waiver Agreement shall be binding upon my heirs, successors, and assigns.

I have read and understand this Release and Waiver Agreement in its entirety and voluntarily agree to its terms and conditions.

Participant's Signature: _____

Participant's Name (Printed): _____

Date: _____

[Parent/Guardian Signature (if participant is under 18 years old): _____

Parent/Guardian Name (Printed): _____

Date: _____] (if applicable)

[Organizer's Signature (for acknowledgement of receipt): _____

Date: _____]