

College Night Astronomy Event (CNAE) January 28th, 2017

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK
(Release & Hold Harmless Agreement)**

In consideration of being allowed to attend the College Night Astronomy Event,

I, acknowledge, appreciate, and agree that:
(PLEASE PRINT FULL NAME)

1. As the event takes place on ungroomed fields and in the dark, that there exists a risk of injury, including serious injury, from participation in the CNAE due to tripping and/or falling over participants equipment, steps or natural hazards, such as rocks, holes, etc.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others, and whether or not covered by my personal health or other type of insurance; and I assume full responsibility for my participation in the CNAE;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ATLANTA ASTRONOMY CLUB, INC and THE DEERLICK GROUP, INC., their officers, officials, directors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises, property and/or equipment used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL BE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(SIGN FULL NAME)

(DATE)

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REGISTRATON FORM

Fill in all information & Please PRINT!

Registration & R&HH forms must be submitted before participating in the CNAE.
Either mail or e-mail a signed copy to the event registrar, to be received **by January 23rd, 2017**
Or bring it to the event and give to the organizers upon your arrival.

E-mail: Treasurer@AtlantaAstronomy.org

Address: Atlanta Astronomy Club, 1057 Trestle Dr, AUSTELL, GA 30106

Name:	
Address:	
Phone #:	E-mail:
University:	
Major:	
Emergency Contact Information	
Name:	
Address:	
Phone #:	E-mail: