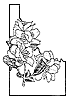
**PAHOVE INPS BUS/GARDEN TOUR to ORTON BOTANICAL GARDEN, TWIN FALLS (OBG)**

  **MAY 22, 2018 COST: $25.00**

***PAHOVE CONSENT to LIABILITY AND PHOTO RELEASE FORM*** Please print, using one form per person. Photocopies are acceptable.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name Middle Initial Last Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/PO Box # Apt. # City State Zip

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To participate in this Pahove Bus/Garden Tour, please read and sign this form. On page 2, you must check: “I agree to the terms and conditions in this consent and liability release” and sign this form, acknowledging you have read and understand the consent and liability terms.

WAIVER In consideration of my being permitted to participate in this Pahove INPS Bus/Garden Tour, I, for myself, my heirs, personal representatives and assigns, hereby do **release, waive, discharge, and covenant not to sue any of the following:** the Idaho Native Plant Society (INPS), INPS Pahove Chapter, Orton Botanical Garden and/or their respective officers, employees, students, volunteers and agents for liability **from any and all claims, including the negligence of its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, my participation in this activity.

I acknowledge that participation in this Pahove activity has certain risks that cannot be eliminated, regardless of the care taken to avoid injuries. Specific risks may include: 1) minor scratch, bruise, sprain injuries; 2) major joint, back, heart, concussion, or other severe bodily injury; and 3) catastrophic injuries, including paralysis and death. I further acknowledge that **my participation is voluntary and that I knowingly assume any and all such risks and that I have no medical condition that could affect my participation in this Tour.**

**INDEMNIFICATION AND HOLD HARMLESS CLAUSES** I also agree to INDEMNIFY AND HOLD HARMLESS the Idaho Native Plant Society (INPS), INPS Pahove Chapter, Orton Botanical Garden and/or their respective officers, employees, students, volunteers and agents from and against any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in this Tour and to reimburse them for any expenses incurred. (Continued)

***PAHOVE CONSENT to LIABILITY AND PHOTO RELEASE FORM (p. 2)***

**PHOTOGRAPH AND MEDIA RELEASE** Iunderstandthat Pahove INPS and OBG reserve the right to take photographs or videos during the operation of this Tour and to use them, whether taken by a Pahove or OBG representative or other Tour participants, for promotional purposes. By signing and submitting this Tour Application, I agree to allow my image(s) to be used in such photography. Participants who do **not** want their images used should contact Caroline Morris, Pahove Bus Tour Registrar, [fleursmorris@gmail.com](mailto:fleursmorris@gmail.com) or 208-954-1092. Direct any questions to Caroline Morris also

**ACKNOWLEDGEMENT OF UNDERSTANDING** By my signature below, I agree that I have read this waiver of liability, assumption of risk, and hold harmless agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and do accept full responsibility, as outlined above, and intend my signature below to be a complete, full and unconditional release of any and all liability to the greatest extent allowed by law.

**\_\_\_ I agree to the terms and conditions in this liability and photo release form.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By April 9, 2018, please return this form, WITH a $25 check payable to “Pahove INPS” to:**

**Caroline Morris, 1347 W Parkhill Drive, Boise, ID 83702. Personal delivery is acceptable.**

**We look forward to your participation in this adventure!**