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## Liability Release Form - Ruby Mountains Trip 2020

Today's Date \_\_\_\_\_

### **Personal Information**

Name (legal name) \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address (if different from permanent) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Trip Info**

Ruby Mountains Herbal Field Trip – July 14-18, 2020

5 days, 4 nights camping in the Ruby Mountains, Nevada.

Organized and led by Herbalist, Heather Luna from the Acorn School of Herbal Medicine.

Activities: camping, hiking, and walking.

### **Liability Release**

Upon the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Heather Luna Keasbey and the Acorn School of Herbal Medicine, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of myself against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_