**Julie Paquette, LCSW: RELEASE AND ASSUMPTION OF RISK**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(print name)

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(address)

being of legal age, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in Walk/Talk/Gather Retreat with Julie Paquette,

to be held on June 24-26, 2022 hosted by Julie Paquette and in consideration of being permitted to participate in this program, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs, and next-of-kin, my personal representatives and my estate.

2. That Julie Paquette has apprised me that there may be dangers & hazards inherent to participants in this program & that I personally recognize & appreciate that such dangers & hazards exist. I understand that Julie Paquette is not a guardian of my safety & I accept & assume full responsibility for all harm & injury, of every nature, including death, which may occur to me or which I may suffer & for all damages or loss to any personal property owned by me, while I am participating in any program & during all travel & transportation to, from, and within the United

States or any other location, and, in furtherance thereof, I agree to indemnify and hold harmless Julie Paquette, its independent consultants, interns, volunteers, partners and agents from & against any & all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury, or death, which may occur or result directly or indirectly from my participation in these programs, and not as a direct result of any negligent act of Julie Paquette, its independent consultants, interns, volunteers, partners or agents. I am also aware that some of the program in which I am

registered may be conducted in isolated wilderness areas with no mechanical transportation, and no roads, telephones, or outside communication facilities available for a part of the program. In case of emergency, if it becomes necessary to evacuate me, I agree to pay all costs associated therewith.

3. I declare that I am able to physically withstand and cope with the indicated rigors of these programs, with or without an accommodation. If an accommodation is needed, I will contact the group leader and communicate those specific accommodations prior to the retreat start date.

4. I understand that this retreat and its structures are located on wooded, sloped, uneven terrain and natural hazards exist in the natural world.

5. I request that this “Release and Assumption of Risk” be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, I request the remainder continue in full force and effect.

6. I declare that I completely understand and have fully informed myself of the terms and conditions of this “Release and

Assumption of Risk” by having read it, or having it read to me, before signing.

7. I acknowledge that Julie Paquette may take photographs and make audio/video recordings at this retreat in which I participate. I

hereby irrevocably consent to the reproduction of my likeness and/or voice in any such photographs, digital media

(internet/website), video and/or audio recordings. If I do not wish to be recorded or photographed, it shall be my responsibility to avoid the photographers and/or audio/video person respectively or request such omission.

Assented and agreed to on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (if minor) Witness

Release & Assumption of Risk Form & Medical Form must be received by Julie Paquette at least one week prior to retreat start date.

Email to: Juliepaquettemsw@gmail.com