THE COSANTI FOUNDATION (the "Foundation") cares about your safety and well-being and wishes you to be well-informed about certain risks inherent at Cosanti or Arcosanti. Please obey all signage, instructions and printed material and study the maps of the site showing known hazards.

## **CONSENT AND RELEASE**

Please Print Your Name		Your Email Add	dress		Your phone number	
In return for receiving periodicilities at Cosanti or Arc			other event of	perform paid	or volunteer work or use lodging on t	he grounds and
royalty-free license to us marketing, public or media or sound recordings, purpouse the information, photo or disapprove the final edi	e my photographic a relations and public bees, without further graphy or recording ted version of photo to compensation an	, video or digital city purposes, with obligation or com- for such purposes ography and record d royalties now and	likeness and out limitation pensation to r and in such a ings, or of its	audio record for inclusion ne, and the Fo manner as it, usage, and re	ndation database. I grant to the Foundation of me for promotional, education in Foundation newsletters, photos, filmoundation may permit other persons are or they, deem appropriate. I waive autlease the Foundation from all claims a mation or participation in the photographic of the photographic participation in the photographic participation in the photographic participation in the photographic promote production in the photographic production in the photograph	onal. Commercial on or video footage and organizations to athority to approve arising out of such
risks associated with activathrough unfamiliar, narrowassociated with the location heed the dangers of particassociated risks, including participants in the activity treatment required as a re-	vities and equipment v, unpaved or steep n of site on a mesa vipating in the tour, vig risk of injury or or would make messult of any harm su cannot guarantee th	at the site relating paths, lack of hydroughth uneven terrain work or event or in death. I am not a susceptible to injury istained in connect e availability of em	ng to ongoing ation, propert and landform driving or wa ware of any or while per ion with the vergency med	foundry, cory theft, action as and steep clubking to and fiphysical or informing the acactivity, and cal services tr	g without limitation unfavorable weath astruction and other activities of the s of other people, and in the case of A iffs. I fully recognize the need to exert from lodging, as applicable, and I volunedical condition that might endange ctivity. I am solely financially responsi I agree the Foundation has no duty transportation to medical facilities. I acl	residents, walking arcosanti, the risks cise caution and to intarily assume all ar myself or other ble for all medical o provide medical
3. Workshop partic applicable to the site and a		nd workers only: I	agree to take	the responsib	ility to familiarize myself with the rul	es and regulations
"agents") make any repre	esentation or warrance site or any other a	nty, expressed or a aspect of the site or	implied, rega activity, and	rding the con that neither th	actors, or employees (collectively ref aditions or safety, of the site, faciliti e Foundation nor any of its agent shall	es, any means of
actions that result in dama directors, and the successor costs, and other liabilities foreseen or unforeseen, re indirectly, from my partic any such claims, to waive	age or injury to any rs and assigns of each (including, without lating to property de pation in the activity any such claims that	person and further ch of them (collecti limitation, reasonal amage, death, injury or travel to or fro at I may have at an	agree foreve vely referred ble attorney's y, pain, or m m the site. W y time agains	to release and to below as the fees collective ental trauma control ithout limiting the Foundat	agree to pay all expenses and charge and discharge the Foundation and its age "Foundation Group") from all claims ely referred to as "claims"), whether known from the second of the sec	gents, officers, and s, losses, damages nown or unknown, sulting, directly of undation Group for
I have carefully read this C	Consent and Release,	fully understand it	, agree it is co	ontractually bi	nding, and sign it of my own free will.	
Signature	Address	City	State	Zip	Emergency Contact (optional)	Phone
Date(s) of visit	Purpo	ose of visit (gallery,	overnight sta	y, performano	ee, daytime tour, workshop, special eve	ent)
[ ] check if applicable: Sigunder 18 years of age) to consent and Release				to participate	(print name e in this activity, and to agree to all of	es) of all minors the terms of this

[ ] check here if you would like to be added to our mailing list.



