Mariposa Institute

Acknowledgement and Assumption of Risks and Release of Liability

I may use the facilities at the Mariposa Institute during the following dates:

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with the express understanding that I accept full responsibility for myself and/or minors in my care, and I hereby waive and release Mariposa Institute, its employees, agents, officers, and directors from any and all claims arising from activities at the Mariposa Institute and indemnify and hold Mariposa Institute harmless from and against any and all liabilities, expenses or judgments, including attorneys' fees and court costs there from. I also understand that this release relates to all claims of liability resulting from unforeseen hazards.

I have read this entire document and fully understand and agree to the contents. My signature indicates my agreement and that I have satisfied my questions and concerns.

Printed Name	Signature	Date