

WAIVER – RELEASE

- 1 -

I, the undersigned participant, understand that a **Solar** observing session, operated by **NIGHT SKY TOURS** (the "**Releasee**"), involves the use of protective filters, designed to eliminate the risk of visual damage of any kind **BUT THAT I AM UNDERTAKING SOME AMOUNT OF PERSONAL RISK** to my person and to my property as a participant. I understand that there is an extremely low risk that such protective filters could inadvertently or negligently be removed from the telescope during a solar observing session, and I have been advised of all precautions taken by the astronomer/tour guide to prevent such a possibility. With that understanding I hereby agree to **waive and release, NIGHT SKY TOURS**, its owner(s), agent(s), operator(s), assign(s), and any of its employee(s), representatives, and/or agents from any and all liability of any kind which may arise as a result of the undersigned participating in a **Solar** observation operated by **NIGHT SKY TOURS**.

I have carefully read this waiver and understand fully that **NIGHT SKY TOURS** and/or their agents, operators, assigns, and any of their employees, representatives, and/or agents, (all being the "Releasees") assume no responsibility or liability whatsoever for injury or loss suffered by me as a result of my participation in a **Solar** observation operated by **NIGHT SKY TOURS** and that I am freely and voluntarily executing this document.

I hereby accept the sole jurisdiction of the Province of New Brunswick/Ontario and its laws as they may relate to the enforceability of this waiver - release.

**THIS WAIVER - RELEASE** is binding on the undersigned and my heirs, executors and administrators. By signing this release I, my heirs, executors and administrators will be forever prevented from suing or otherwise claiming against the Releasee and the Releasees for any personal injury or property loss that I may sustain while participating in or preparing for the **Solar** observation activity.

Night Sky Tours – 905-441-1759 / 506-467-6759

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DATED this ..... day of ....., 200\_\_.

.....  
Witness Participant (Print & Sign Name)

Where the participant is under the age of 19 years it is necessary to have the consent of a parent or guardian.

.....  
Witness Parent/Guardian of Participant  
(Print & Sign Name)

**I READ THE ABOVE WAIVER - RELEASE BEFORE SIGNING IT.**

**I UNDERSTAND & AGREE THAT I AM ACCEPTING PERSONAL RISK.**

**I UNDERSTAND & AGREE THAT I AM NOT PERMITTED TO PARTICIPATE IN A SOLAR OBSERVATION SESSION WITH NIGHT SKY TOURS WITHOUT FIRST READING, ACCEPTING & SIGNING THIS WAIVER - RELEASE!**