

LIABILITY WAIVER

The signator subscribes and recognizes the following:

- I am 18 years of age or older.
- I have received, read and understood the Health and Safety Instructions for visitors to the Las Campanas Observatory or any facility installed by the Carnegie Institution of Washington.
- I will follow the guidelines and all the instructions of my hosts, without questioning them.
- I would like to visit the Las Campanas Observatory or any other Carnegie Institution of Washington facility and understand that by doing so, I may be exposed to the risk of physical injury, illness and/or death.
- I am in good health and can participate fully in the visit to the Las Campanas Observatory or any Carnegie Institution of Washington facility.
- I voluntarily accept all the risks inherent in my visit to the Las Campanas Observatory or any Carnegie Institution of Washington facility, whether or not such risks have been specified to me.

Disclaimer

I have been informed that the Carnegie Institution of Washington is an international scientific and non-profit organization, to whom the Government of Chile has given immunity of jurisdiction in such a way that it cannot be the object or subject of any type of judgements or judicial procedures, which includes all of its staff, and does not renounce this immunity, expressly or tacitly.

Name of the visitor (print): _____

Address (print): _____

Passport or ID Card: _____

Date: __ / __ / ____

Signature

If the Visitor is under 18 years of age,

Name of parent or guardian (print): _____