

Waiver and Release of Liability Mount Shasta Retreat August 2024

In consideration of the risk of injury while participating in the Mount Shasta Retreat, and as consideration for the right to participate in the Activity, I hereby, for myself, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Mount Shasta Retreat, and do hereby release and forever discharge Paula Sockolich/Sacred Lotus Healing LLC, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity , including traveling to and from an event related to this activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. i am aware of the risks associated with traveling to and from as well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. These risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, or event leader. to the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of participants of retreat and retreat leader. I understand that these injuries or outcomes may arise from my own or other' negligence, conditions related to travel, or the condition of the activity locations (s). Nonetheless, I assume all related risks, both known and unknown, to me, of my participation in this activity, including travel to, from and during this activity. In the event that I should require medical care for treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I agree that I am voluntarily participating in this event and releasing all liability to event manager(s), Paula Sockolich and Sacred Lotus Healing LLC.

I understand that I can choose to participate in any or all activities and treatments and I am not at any time obligated to participate.

I understand that I may leave at any time under my own authority.

Retreat Dates: August 8-10th 2024

SIGNATURES: (continued on following page)

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