

# Liability Waiver

I, the undersigned, acknowledge that I have voluntarily chosen to participate in a Healing Retreat (the "Retreat") organized and conducted by "Therapy Piri at Rainbow Spirit Retreat" (the "Organizer"). In consideration of being allowed to participate, I hereby agree to release and discharge the Organizer, its officers, directors, employees, volunteers, and any associated parties from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, injury, illness, damage, or expense (including but not limited to legal fees) incurred by me during or as a result of my involvement in the Retreat.

I understand and acknowledge the following:

1. Nature of Retreat: The Retreat may involve various healing modalities, workshops, activities, exercises, therapies, and discussions, including but not limited to yoga, meditation, breathwork, sound healing, massage, spiritual counseling, healing with horses and other energy-based practices. I understand that these practices may have physical, emotional, and psychological effects, and I accept full responsibility for my own participation and the potential consequences of such practices.
2. Voluntary Participation: I affirm that my participation in the Retreat is voluntary, and I have not been coerced, persuaded, or influenced against my will. I understand that I have the right to withdraw from any activity at any time without penalty. I acknowledge that I am solely responsible for my own physical, mental, and emotional well-being throughout the Retreat.
3. Assumption of Risks: I understand that participation in the Retreat involves inherent risks, including but not limited to bodily injury, illness, emotional distress, and property damage. I acknowledge that the Organizer has made no warranties, representations, or guarantees regarding any specific outcomes or results from participation in the Retreat, and that individual experiences may vary. I assume full responsibility for the risks associated with participating in the Retreat.
4. Medical Considerations: I certify that I am physically and mentally fit to participate in the Retreat. I understand that it is my responsibility to consult with a healthcare professional before engaging in any physical or emotional practices offered during the Retreat. I agree to disclose any physical, mental, or emotional conditions, limitations, or injuries that may affect my ability to participate fully and safely in the Retreat.
5. Personal Belongings: I agree that the Organizer and its associated parties are not responsible for any loss or damage to my personal belongings during the Retreat, whether caused by theft, accident, or any other reason. I agree to keep my personal belongings secure at all times and acknowledge that it is my responsibility to safeguard them.
6. Indemnification: I agree to indemnify and hold harmless the Organizer, its officers, directors, employees, and volunteers from any liability, claims, demands, actions, and causes of action, resulting from my participation in the Retreat,

including but not limited to any injuries, loss, damage, or expenses incurred as a result of my own actions or negligence.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZER FOR ANY INJURIES, LOSS, OR DAMAGES THAT I MAY INCUR AS A RESULT OF PARTICIPATING IN THE RETREAT.

Participant's Full Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_