ISLAND ENERGY HEALING ARTS LLC RELEASE OF LIABILITY WAIVER

Release of Liability

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby understand and acknowledge that my

participation in this or any Reiki treatment at the chosen location (for which whose facilities are

being used for my session) may expose me to many inherent risks, including accidents, injury,

illness, or even death. I assume all risk of injuries associated with participation including, but not

limited to, falls, contact with other participants, effects of the treatment, the effects of the

weather, including high heat and/or humidity, and all other such risks being known and

appreciated by me. I hereby acknowledge my responsibility in communicating any physical and

psychological concerns that might conflict with participation in this agreed-to session. This is a

complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on

behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action

arising out of the “Released Parties” negligence. I, on behalf of myself; covenant not to sue the

Released Parties for any alleged liabilities, claims, or causes of action released hereunder. I

further agree to indemnify and hold harmless and defend the Released Parties from any and all

claims resulting from injuries or illness (including death), damages, or loss, including, but not

limited to attorneys’ fees, sustained by me arising out of, connected with, or in any ways

associated with the session. In the event of any emergency, I authorize the Released Parties to

secure from any licensed hospital, physician and/or medical personnel any treatment deemed

necessary from my immediate care and agree that I will be responsible for payment of any and

all medical services rendered. After having read this waiver and knowing these facts, and in

consideration of acceptance of my participation, I agree, for myself and anyone entitled to act on

my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Island Energy Healing Arts, LLC and the

practitioner (Susan (Suzy) Riding) from any responsibility, liabilities, demands, or claims

of any kind arising out of my participation in my Reiki session or any other activities that are part

of Island Energy Healing Arts LLC or its associated members, programs and/or events. By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a

waiver and a release of liability and I voluntarily agree to its terms.

Participant’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_