



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I. PROMOTIONAL RIGHTS:

As a condition of my participation, I hereby grant Cathe Reiss, LCSW & Erika Cohane, LCSW the right to use, for promotional purposes only, any photographs of me taken during my participation in the Retreat. I further understand and agree that Cathe Reiss, LCSW & Erika Cohane, LCSW may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Retreat.

I. LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:

I understand that participation in retreat activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, Cathe Reiss, LCSW & Erika Cohane, LCSW cannot guarantee safety thereof, as all risks cannot be prevented. Cathe Reiss, LCSW & Erika Cohane, LCSW do not provide health and accident insurance for retreat participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this retreat are to be borne by the participant. I also hereby consent, give authorization to, and release from liability; Cathe Reiss, LCSW & Erika Cohane, LCSW to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this retreat, that Cathe Reiss, LCSW & Erika Cohane, LCSW's auto insurance does not cover such a private vehicle. I also understand that Cathe Reiss, LCSW & Erika Cohane, LCSW cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any activities and travel that I might choose to participate in before, during or after the Cathe Reiss, LCSW & Erika Cohane, LCSW sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this trip and any recreational activities noted within; and with full understanding of the above issues/ conditions and risks, I hereby release, indemnify and hold harmless Cathe Reiss, LCSW & Erika Cohane, LCSW from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said retreat or activities.

I have thoroughly read and understand the preceding and forgoing information, to include any special risk or recreational risks included with this trip/travel as noted herein.

I understand that all recreational activities are completely voluntary and based upon my own decision and I acknowledge that I may choose to decline these activities at any time. I hereby accept the associated risks and understand the precautions thereof.

Signature of Participant

Date

Print Participant Name

Date

Signature of Witness for Participant

Date

Emergency Contact Name phone : _____