

Red Rock Retreat Waiver: Release of Liability and Assumption of Risk

(A separate waiver will be signed at Paragon Adventures)

I understand that this retreat includes travel and physical movement. I realize that activities provided are intended to promote relaxation, stress relief, stress education and awareness. As with any travel or physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

Life Coaching, Holistic Health Coaching, and Essential Oil Education provided are not substitutes for medical care or diagnosis rather they are holistic approaches. They can work well in conjunction with traditional medical care. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sammy Rowlette and Carolyn Morris.

I, _____ hereby agree to the following:

1. That I am participating in retreat workshops offered by Sammy Rowlette and Carolyn Morris where I will receive Life Coaching and Holistic Health Education.
2. I understand that it is my responsibility to consult with a physician prior to and in reference to my participation in the retreat.
3. In consideration of participating in the retreat, I agree to assume full responsibility for any risks, injury or damages, which I might incur as a result in my participation.
4. I knowingly and voluntarily waive any claim I might have against Sammy Rowlette and Carolyn Morris for injury or damages that I may sustain as a result of participating in this program.
5. I acknowledge and agree that I am responsible for my equipment and all personal property during the Retreat and that Sammy Rowlette and Carolyn Morris are not responsible in any way for such property whether it is lost, stolen or damaged.
6. I understand that during a Retreat I may be photographed, videotaped and or my words may be recorded and authorize and allow Retreat Hostesses to use such images, words and likenesses for marketing, on websites, in brochures or other writings and any other legitimate purpose.

8. I, _____, my heirs, or legal representative forever release, waive, discharge and are not to sue Sammy Rowlette and Carolynn Morris for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and I fully understand its contents. I fully and voluntarily agree to the above terms and conditions.

I agree to the above terms and conditions

First Name: _____

Last Name: _____

Date: _____

I am at least 18 years of age or older

Yes _____

No _____

Signed: _____

Please read, print, sign and scan to return to carolynn@myorangesoul.com