

Waiver and Release of Liability

I, (guest name) _____, of
(address) _____ hereby
agree to the following:

1. That, I am participating in a health and wellness event or retreat facilitated by Brooke Stevenson & Luxe Wellness, on _____ at _____. I will receive information and guided instruction on the breathwork process, meditation, visualisation, body stretch, body movement and holistic healing therapies. I am aware that I can participate in these activities and if outdoor activities are offered such as ice baths, saunas, spas and nature walks. I recognise that these activities require some physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. In consideration of being permitted to participate in the retreat, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating at the eventt, including any travel and any or all activities done with Luxe Wellness , or as an individual at the event and facilities provided.
3. I will inform Luxe Wellness in email of any health related issues I have that may affect me whilst participating at the event..
4. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know I am participating in this retreat. I assert that I am of fit health to participate in the event and will alert all teachers whose sessions I participate in that I am pregnant.
5. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the event activities. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation.

LUXE WELLNESS

RETREATS | COACHING | EVENTS

6. In further consideration of being permitted to participate in the event, I knowingly, voluntarily, and expressly waive any claim I may have against Luxe Wellness and staff for injury or damages that I may sustain as a result of participating in the event. I, my heirs, and legal representatives forever release, waive, discharge and covenant not to sue Luxe Wellness or any activating staff for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I acknowledge that I have had ample opportunity before signing this Form to get independent legal advice about it.

_____ Name
and Signature of Guest/Participant Date:

_____ Witness
Name/Signature: Date: