



Please Note That You Must be at Least 18 Years Old in Order to Sign a Liability Waiver. Attendee Agreement, Release and Assumption of Risk (The Agreement)

I have voluntarily elected to attend or participate in services offered by Infinity Healing, LLC.
In consideration for being allowed to attend and participate in Infinity Healing services, I represent, acknowledge and agree as follows:

GENERAL RELEASE

I acknowledge and agree that this Agreement covers and is intended to release and provide other benefits, legal protections, and consideration to Infinity Healing, LLC and their respective and collective agents, owners, officers, managers, shareholders, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their respective or collective behalf.

VOLUNTARY ASSUMPTION OF RISK

I acknowledge and agree that I am attending treatment services including: Reiki, Integrated Energy Therapy® (“IET”) and/or Sound Healing and am participating voluntarily and at my own risk. I acknowledge and agree that the actions or activities of other attendees/participants or the actions or inactions of Infinity Healing, LLC’s employees or volunteers may cause me significant bodily injury (as described in this Agreement), and that Infinity Healing, LLC employees/volunteers/sponsors are not responsible for the actions or activities of attendees/participants attending the event or the negligence of employees/volunteers in supervising the event, including actions, activities, or omissions that result in such harm. Some of the risks include, but are not limited to, the following:

Attendees may suffer accident, injury, illness and even death. Attendees may suffer confusion, nausea, vomiting, falls, changes in mood, and sound related injuries including acoustic trauma.

MEDICAL DISCLAIMER

I understand that Reiki, IET, and Sound Healing practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe medications, nor interfere with the treatment of a licensed medical professional. I understand that Reiki, IET®, and Sound Healing do not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

AGREEMENT TO PAY MY OWN MEDICAL EXPENSES

I acknowledge, accept, and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I possess, whether known or unknown, which might contribute to or exacerbate any injury I might sustain as a result of participating/attending the Infinity Healing treatment services provided. I acknowledge and agree that if medical assistance (of any form, including emergency care, hospitalization, out-patient care, and/or physical therapy) is required or performed as a result of any injury I sustain while attending/participating in the treatment services, such assistance shall be at my own expense.

RELEASE OF LIABILITY

The Releasing Parties hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue Infinity Healing, LLC, and their successors, predecessors-in-interest, and insurers (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorneys' fees, damages, judgments and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from my access to and/or participation in the treatment services, events, and the premises, my entry into the event, the condition, maintenance, inspection, supervision, control or security of the event, the failure to warn of dangerous conditions in connection with the event, and/or the acts or omissions of Infinity Healing, LLC or any of the Releasees, including, without limitation, any claim for negligence, failure to warn or other omission, property damage, personal injury, emotional injury, illness, bodily harm, paralysis or death. I understand that this release and waiver applies not only to the treatment services, but also all other events, activities on the premises. I understand that this release and waiver applies to and includes all activities that I engage in at the premises, whether inside or outside the immediate treatment area. In the event that any claim released herein is brought by, or asserted on behalf of, the Releasing Parties, I shall immediately defend, indemnify and hold harmless the Releasees, and any of them, from any loss or liability, including reasonable attorneys' fees, associated therewith or arising therefrom.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I AM INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM INFINITY HEALING, LLC

PARTICIPANT NAME PRINT

PARTICIPANT SIGNATURE

DATE