



By signing this agreement, you give up the right to sue for any injury or damages howsoever caused, Infinity Healing, LLC, of Arizona and its owners, employees, representatives, officers, and agents (hereinafter referred to collectively as "Service Providers").

I, \_\_\_\_\_ hereby sign this agreement on behalf of myself, my child, my personal representatives, heirs and assigns.

Child(ren)'s Name(s): \_\_\_\_\_

1. I agree as a precondition to my child's participation in Infinity Healing, LLC's treatment services, specifically including: Reiki, Integrated Energy Therapy® ("IET") and/or Sound Healing, I agree to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to collectively as "This Agreement")

2. I acknowledge that Infinity Healing, LLC's treatment services involve risks that may cause serious injury, illness, infection and possibly death to participants.

\_\_\_\_\_ I agree to be physically present with my child, at all times, before, during, and after Infinity Healing treatment services.

\_\_\_\_\_ My child has been cleared by their physician to attend Reiki, Integrated Energy Therapy® ("IET") and/or Sound Healing.

\_\_\_\_\_ I understand that Infinity Healing, LLC does not replace or negate the care of a licensed medical professional and Infinity Healing will not diagnose medical conditions. I will continue to give my child medication prescribed by their licensed medical physician and will continue to follow his/her instructions regarding the treatment and medical care of my child.

3. I fully understand the risks and dangers associated with my child's (or my personal representative, heirs or assigns) participation, in the treatment services, and accept same entirely at my own risk.

4. I hereby waive any and all claims, which I may have against Infinity Healing, LLC and/or its Employees, and release Infinity Healing, LLC and its Employees from all liability for injury, death, property damage, or any other loss sustained by me or my child (or the child I am representing) as a result of my/their participation in the treatment services, due to any cause whatsoever including, without limitation, negligence on the part of Infinity Healing, LLC or its Employees, for any and all legal fees (on a solicitor and his own client basis) or costs, which may be incurred in defending any lawsuit or claim I may bring against them.

5. I appreciate that This Agreement applies whether Infinity Healing, LLC is at fault or not, and it limits the liability of The Employees to the same extent as it limits the liability of Infinity Healing, LLC even though The Employees are not formal parties to This Agreement.

By signing below, I represent that I am 18 years of age or older, the parent, legal guardian, or power-of-attorney of the above listed Child(ren) and have the authority to execute this Agreement on his/her or their behalf and to act on his/her or their behalf. I have read each and every paragraph in this document and I agree to be bound by the terms stated, including the release of liability contained therein. I further agree to indemnify and hold harmless Infinity Healing, LLC from any and all claims which are brought by or on behalf of this or these minor Child or Children, or any of them, which are in any way connected with, arise out of, or result from their participation in any activities and/or events while participating in treatment services.

I have read and understand this agreement, I understand that this document contains a promise not to sue Infinity Healing, LLC or The Employees and release and indemnify same for all claims.

**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**

\_\_\_\_\_  
CHILD'S NAME PRINT

\_\_\_\_\_  
CHILD'S AGE

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE