

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults participating in the event.

Acknowledgment and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved in participation in the Mature Journey to Passion and the Yucatán Alternative Health and Healing Retreat. These dangers and risks include:

1. Climbing [a]pyramid(s)
2. Extreme exposure to sun and heat
3. Diving into or swimming in a cenote

I understand that this activity involves certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable rules and regulations, and any instructions regarding participation in this activity.

I understand that Yucatán Wellness, SCP does not insure participants in the above-described activity, that any coverage would be through personal insurance, and Yucatán Wellness has no responsibility or liability for injury resulting from this activity.

I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a) **waive, release, and discharge Yucatán Wellness, SCP**, and its officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event, and
- b) **defend, indemnify, and hold harmless Yucatán Wellness, SCP**, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorney's fees, which in any manner result from participant's actions during this activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up**

legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____