

LEAP

LIFEFORCE ENERGY AWAKENING PROCESS

Liability Waiver Agreement

Name: _____ Date of Birth: ____/____/____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

I understand that LEAP may involve physical movements as well as an opportunity for stress reduction and improved mental wellbeing. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. I assume full responsibility for any and all damages, which may incur by participation.

LEAP is not a substitute for medical or psychological attention, examination, diagnosis or treatment. LEAP is not recommended and is not safe for those prone to mania, delusion or psychosis. By signing, I affirm that a licensed physician has verified my good health, physical and mental condition to participate in such a program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.

I also affirm that I alone am responsible to decide whether to practice LEAP and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against LEAP (Lifeforce Energy Awakening Process) and its facilitator **[your name]**.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in **[name of your country]**.

Date: _____

Signature: _____