

INFORMED CONSENT FOR PARTICIPATION IN HOLISTIC EVENTS ORGANIZED AND LEAD BY THE MICRO-ENTREPRISE: CRIZALIA LE BLAN. THE EVENTS INCLUDE: TEMAZCALLII/INIPI (SWEAT LODGE) CEREMONY, WOMEN CIRCLES, ALTERNATIVE WELLNESS PRACTICES, MEDITATION PRACTICES, AND WORKSHOPS OF ALTERNATIVE PRACTICES TO THE ART OF GOOD LIVING:

I HAVE READ AND UNDERSTAND THE FOLLOWING:

I understand that Temazcalli/Inipi ceremonies (sweat lodge) involve exposure to heat, darkness and extremely hot rocks and a fire burning in the vicinity of the lodge and smoke. I understand that if I am suffering from any active medical conditions or taking any medications, it is my responsibility to discuss my participation in the Temazcallii/Inipi ceremonies (sweat lodge) with my personal physician. Conditions that may be particularly affected by participation in such environments include, but are not limited to: pregnancy, heart conditions, kidney conditions, lung conditions, anxiety disorders such as claustrophobia, and any other medical conditions that may affect sweating, or body heat and fluid regulation.

I understand that any such concerns or conditions should be discussed with the Temazcallii/Inipi ceremony (sweat lodge) leader prior to participation.

I understand that as Participant I am recommended to ensure that I have pre-hydrated prior to the ceremony and that I should maintain adequate intake of fluids after the ceremony.

I understand that participation in any Women Circles, Alternative Wellness Practices, & Workshops of Alternative practices to the Art of Good Living involves the use of incenses, sounds such as drumming, flute, conch blow horn, singing bowls both metal and crystal, and many other musical and natural sound making instruments. I have been advised to consult my doctor if I suffer from ear problems, olfactory restrictions, allergies to the various incenses, and that I need to assess with my private physician and or therapist if any or all of the above mentioned may induce levels of physical or mental discomforts.

I understand that the events above described will include multiple participants of all ages, life philosophies and practices, and that I must behave in a respectful manner to others. My behavior may not violate the rights of others as described by the law.

I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after the above-mentioned events and I recognize that consumption of alcohol and/or drugs might impair my judgment and motor skills. I assume responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs. I also understand that all above-mentioned events will not tolerate the use of drugs or alcohol on-site. If caught with drugs or alcohol, I will be asked to leave and will not receive any reimbursement for payments made to the event that I am being asked to leave.

I understand and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in the Event, and I attest and certify that I am or will be sufficiently fit and physically apt to participate in the Event, which I elect to enter. I certify that I have not been advised against participation in the Event by any healthcare provider. I have no physical or medical condition that would endanger myself or others if I participate in the Event, or would interfere with my ability to safely participate in the Event. I also assume any and all other risks associated with participating in this Event, including but not limited to the following: falls, dehydration, anxiety attacks, allergic reactions, the dangers arising from surface hazards, equipment failure not in the control of organizers, and hazard that may be posed by spectators or volunteers;

and weather conditions. I understand that I will be participating in the Event at my own risk, that I am responsible for the risk of participation in the Event.

NAME OF PARTICIPANT: _____

CONTACT IN CASE OF EMERGENCY (Name, address, phone number):

LIMITATIONS:

Does the participant have any physical or mental health problems which may affect his/her ability to participate in any Temazcalii ceremony, Ancestral Ceremonies, Ancestral workshops? ___Yes ___No
If yes, please describe:

AGREEMENT SCOPE, GOVERNING LAW, AND DEFINITIONS: This agreement shall be legally binding upon me _____, the registered participant. The term "I", "me", "my" shall herein refer to the above registered participant.

I understand and acknowledge that by signing below, I am legally agreeing to the statements above mentioned and Release and Waiver of Liability, and Assumption of Risk and that these statements are being accepted and relied upon by the Released Parties, as defined above. I hereby freely and voluntarily acknowledge and/or take action for myself, and on behalf of my spouse, children, parents, guardians, heirs, next of kin, and any legal or personal representatives, executors, administrators, successors and assigns, or anyone else who might claim or sue on my behalf, as follows: I HEREBY ACKNOWLEDGE AND ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT AS FOLLOWS:

I WAIVE, RELEASE, AND FOREVER DISCHARGE Event Producer *Crizalia Le Blan* and event sponsors, event organizers, event promoters, property owners, volunteers, administrators, contractors, vendors, all other persons or entities involved with the Event, and all state, city, town, county, and other governmental bodies, and/or municipal agencies whose property and/or personnel are used and/or in any way assist in locations in which the Event or segments of the Event take place, and each of their respective parent, subsidiary and affiliated companies, licensees, officers, directors, partners, board members, shareholders, members, supervisors, insurers, agents, employees, volunteers, and other participants and representatives (individually and collectively, the "Released Parties"), from any and all claims, liabilities of every kind, demands, damages (including direct, indirect, incidental, special and/or consequential), losses (economic and noneconomic), and causes of action, of any kind or any nature, which I have or may have in the future, including court costs, attorneys' fees and litigation expenses (individually and collectively, the "Claims") that may arise out of, result from, or relate to my participation in the Event or my traveling to or from the Event, including light negligence, property damage and damages of any kind, property theft, and Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the Event site or elsewhere), and any Claims for medical or hospital expenses. The aforementioned exclusion of liability shall not apply to damages caused by willful misconduct and gross negligence by the Event Producer or a legal representative of the Event Producer and to injuries to life, body or health due to gross negligent breach of duty by the Event Producer or intentional or gross negligent breach of duty by a representative of the Event Producer or a person used to perform an obligation of the Event Producer.

I FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the Claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY, DEFEND, and HOLD HARMLESS the Released Parties from any and all expenses incurred, Claims made by me or other individuals or entities, for liabilities assessed against the Released Parties, including but not limited to court costs, attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Agreement, and/or my actions or inactions which cause injury or damage to any other person. I agree to indemnify and hold harmless the Released Parties from all liability for such costs.

I hereby grant ____ YES ____NO to Event Producer the right, permission, and authority to use my name, image, voice, and/or likeness, without compensation, captured during the Event by Event Producer, its affiliated entities or contractors, and/or the media in any photographs, videotapes, CDs, DVDs, broadcast, telecast, podcast, webcast, recordings, motion pictures, commercial advertisement, promotion materials, and/or any other record of this Event for any purpose whatsoever.

I acknowledge and agree that the Event Producer, in its sole discretion, may delay or cancel the Event if it believes the conditions on the day of event are unsafe. In the event that the Event is delayed or cancelled for any reason, including but not limited to acts of nature or the elements (including without limitation, wind, rough water, rain, hail, hurricane, tornado, earthquake), acts of terrorism, fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, or any other cause beyond the control of Event Producer, there shall be no refunds to cover any other non-registration costs incurred by the participant and in connection with the Event participation.

Signature (hand write "read and acknowledge" next to signature):

Date: _____

City and Country: _____