



Waiver

RELEASE OF LIABILITY - READ BEFORE SIGNING

1. I understand and voluntarily accept the risks associated with involvement in any of our programs. I agree Well-Life/ Shaw Medical Travel Consultants and the individual physicians and professionals will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts I, anyone acting on Well-Life/ Shaw Medical Travel Consultants' behalf, the physicians or anyone using the services of Well-Life/ Shaw Medical Travel Consultants, to the fullest extent permitted by law. This agreement together with Well-Life/ Shaw Medical Travel Consultants' rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Well-Life/ Shaw Medical Travel Consultants and all physicians and consultants from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while attending one of their programs and/or from any advice or services provided by an employee, independent contractor, physicians, consultants, or any representative of Well-Life/ Shaw Medical Travel Consultants. I agree that this application and waiver is in effect for all Sessions or any other services and will not expire unless specifically requested by either party.
2. I understand that I am responsible for purchasing Travel insurance to cover any and all medical conditions that might arise and in the event of any illness or emergency.
3. I understand that the physician consultants' and providers' opinions and recommendations are their own and may not be shared by Well-Life/ Shaw Medical Travel Consultants or other consultants in the program. I understand that my involvement in this program does not constitute a patient-physician nor patient- provider relationship.
4. I understand that Well-Life/ Shaw Medical Travel Consultants, physicians and consultants do not discriminate based on race, nationality, culture, ethnicity, gender, religion or political beliefs. I understand that the programs are a tranquil and professional environment, and that any inappropriate behavior, drug use, derogatory/racial/demeaning language may result in immediate dismissal from the program with no refund and transportation home arranged by myself. By signing this form, I agree to the above terms and release Well-Life/ Shaw Medical Travel Consultants, the physicians, and professional consultants from any liability.

5. The risk of injury from Yoga and meditation or other activities is present, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,
6. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
7. I understand that to participate in this program, I must be fully Covid 19 vaccinated and boosted. I will provide proof of vaccination on registration and proof of negative CV test within 24hrs of beginning of the program.
8. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Well-Life/ Shaw Medical Travel Consultants immediately; and,
9. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Well-Life/ Shaw Medical Travel Consultants , their officers, officials, Physicians, professional consultants, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I AM OF SOUND MIND AND I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Full name: _____

Email: _____

Signature

Date