

Liz Lambert Rapid Transformational Therapy, LLC

DISCLOSURE AND DISCLAIMER REGARDING SERVICES

By my signature below, as the “Client” (and if applicable “Guardian”), I represent that I have read and understood and agree to the following:

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS.

By my signature below, as the “Client” (and if applicable “Guardian”), I further represent that I have read and understood and agree to the following:

I freely and voluntarily choose to participate in the Services provided by Provider. My participation may include unknown negative reactions. I accept any and all risks for any adverse reactions that I may have. I understand that participants with certain health conditions such as epilepsy and severe mental health illnesses are not recommended to participate in the Services. I represent to Provider that I have no such health conditions that would prevent me from safely participating in the Services.

I HEREBY ASSUME ALL SUCH RISKS associated with the Services, known or unknown, including without limitation injury, illness, death, and/or other adverse reactions. I am aware of such risks associated with the Services, including my own physical condition and the actions or conduct of others that I may come into contact with after participating in the Services. I understand that by participating in the Services, I may experience emotional personal memories.

ASSUMING ALL SUCH RISKS, I HEREBY RELEASE, WAIVE ANY AND ALL CLAIMS AGAINST, WILL NOT SUE AND WILL HOLD HARMLESS, Provider, its owners, members, managers, officers, employees, agents or representatives, from all actions, omissions, causes of action, suits, debts, damages, losses, judgments, injuries, liabilities, and claims and demands whatsoever, in law or in equity (collectively, “**Claims**”), including without limitation personal injury and death, emotional distress, indirect damages, consequential damages or exemplary damages, even though such Claims may be caused by or result from the negligence or carelessness of such released parties.

I agree that this waiver and release binds me and my heirs, distributees, guardians, legal representatives, successors and assigns. Further, I agree to indemnify, protect, defend and hold harmless Provider, its owners, members, managers, officers, employees, agents and representatives, from and against all Claims arising from or in connection to my involvement or participation in the Services offered by Provider.

By my signature below, as the “Client” (or if applicable “Guardian”), I accept the foregoing disclosure, disclaimer, assumption of risk and waiver, and I represent and warrant for Provider’s reliance, and agree, as material consideration without which Provider would not provide the Services, that: **(1) I HAVE CAREFULLY AND COMPLETELY READ AND AGREED TO ALL OF THE FOREGOING; (2) all of my questions have been answered to my full satisfaction; (3) I am not relying on any statement, representation or warranty, agreement or promise by or on behalf of Provider that is not expressly set forth in writing signed by Provider; (4) I am aware that this is an assumption of risk, release of liability and agreement to arbitrate and that I am giving up legal rights; and (5) I sign below of my own free will.**

Client Signature: _____

Date: _____

Client Printed Name: _____

IF CLIENT IS UNDER 18, THE PARENT (OR GUARDIAN, IF ANY) MUST SIGN BELOW: I am the parent or legal guardian of the above Client and he/she has my permission to participate in the Services with Provider. I have read and agree to the provisions stated above for myself and Client. I agree to indemnify, protect, defend and hold harmless Provider, its owners, members, managers, officers, employees, agents and representatives, of all liabilities, claims, losses, damage or injury to person or property which may occur or be incident to Client’s involvement or participation in the Services offered by Provider.

Guardian Signature: _____ Date: _____

Guardian Printed Name: _____ Relationship to Client: _____