

Waiver and Release of Liability Form / Consent to Be Touched

Facilitator: Name: _____

Participant: Name: _____

Session: Bars / Facelift / Body process / Live Class

I, THE PARTICIPANT, ASSUME ALL OF THE RISKS – ESPECIALLY A POSSIBLE INFECTION WITH THE COVID-19 VIRUS - OF PARTICIPATING IN THE SESSION AND/OR LIVE CLASS OFFERED ON THE DATE MENTIONED BELOW, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons being released or also attending the same session or live class, from dangerous or defective equipment, maintained, or provided by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my registration and permitting me to participate in this SESSION/LIVE CLASS, please initial:

1. (A) ___I WAIVE, RELEASE, AND DISCHARGE the following entities or persons: The FACILITATOR from any and all liability, including but not limited to, liability arising from the negligence or fault of the persons released, for my disability, personal injury, death, viral infections, sickness, or actions of any kind which may occur to me in relation to my participation in this Session/Seminar.
2. (B) ___INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Facilitator and/or Access Consciousness® for any and all liabilities or claims made as a result of participation in this Session/Seminar, whether caused by the negligence of release or otherwise.
3. (C) ___ I explicitly agree to be softly touched on my face, my head and my body for an Access Bars® session, Access Facelift™ session and Access Bodywork session.

I acknowledge that the Facilitator is NOT responsible for any changes in my wellbeing, my emotional situation or my physical and medical condition.

The waiver and release of liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULL Y UNDERST AND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Participant:

Facilitator:

Signature: _____

Signature: _____

If under 18 years old, parent/guardian approval required:

Parent/guardian signature _____