**WELLAPALOOZA 2016**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to participate in activities associated with Wellapalooza 2016, including activities and seminars held at Haven on the Lake, Turf Valley Resort and The Mindfulness Center.

(These activities are hereafter referred to as “Activities”.) I, \_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I’m responsible for my activity choices, including participation in Wellapalooza related Activities and seminars, and also wellness services and classes offered at Turf Valley Resort, Haven on the Lake and the Mindfulness Center. I understand that I am not not required to participate in any of Activities that I do not feel comfortable performing. Additionally, I understand that there is an inherent risk of injury and/or property loss at Wellapalooza 2016.

I have read the above paragraph, and know and understand that these and other risks are inherent in the Activities that I will be performing and participating in. By my signature below, I acknowledge that my participation Wellapalooza 2016 is voluntary, and I voluntarily and knowingly assume these and all such risks.

**Waiver and Release of Liability**

In consideration of being able to participate at Wellapalooza 2016, I hereby waive, release and discharge any and all claims that I now or may hereafter have against EDS Wellness, Inc., its officers, agents, employees, owner, or against the individuals who are serving as advisors, speakers, and instructors for damages resulting from my in Activities related to Wellapalooza 2016.

IMPORTANT: PLEASE DO NOT SIGN THIS WAIVER AND RELEASE OF LIABILITY UNLESS YOU FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT YOU ARE RELEASING EDS WELLNESS, INC., ITS AFFILIAES, AND OWNER FROM LIABILITY FOR CLAIMS AND DAMAGES THAT MY OCCUR DURING WELLAPALOOZA RETREATS OR CONFERENCES.

I have read this waiver of liability, assumption of risk(s), and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further intend to assume the risks of the retreat, as set forth above. I make the above authorizations, releases, waiver, indemnities, and agreements on behalf of and for myself, my spouse, family, heirs, executors, legal representatives and assigns.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHY & VIDEO RELEASE**

I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes relating to Wellapalooza or any of its affiliated companies. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and use of said photographs and recordings of my voice.

I hereby release Wellapalooza, and all of its affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Wellapalooza participants under the age of 18 years: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_