



Empowerment Seminar Release Form

I the undersigned do acknowledge that there is inherent risk involved when participating in or engaging in seminars which involve walking across burning embers, breaking objects using my hands, or other sensitive parts of my body. I declare that I am of sound mind and do relinquish from liability in any way shape or form from me or any party acting for me, the organisation providing the firewalk, its Directors, associated companies, suppliers, employees or associated staff both now, or at any time in the future from any injury done by me or to me of whatsoever nature during my participation in this course.

I declare that I am participating in the seminar and undertaking any or all activities including the firewalk of my own free will, voluntarily, and at my own risk and I also understand that no assurance guaranteeing my safety is being made. I understand that I have the ability to withdraw from any activity and can do so at any time.

By signing this release form I acknowledge that I have been informed that people have been seriously injured by participating in firewalking, glasswalking and other such breakthrough type seminars and that there is inherent risk in these types of activities and that if I voluntarily choose to engage in any of these activities including the firewalk, there is a possibility that I might receive injuries requiring medical attention.

I agree not to bring any suit for damages regardless of whether negligence can be demonstrated and I release all parties associated with this event from any damages suffered by me whether mental, physical or financial.

I understand fully that I am solely responsible for all my choices during the event, under no obligation to undertake any of the activities and should I take part understand the risks stated as well as accepting any and all risks of participating whilst under the influence of any intoxicating materials. I am over 18 years of age and competent to sign.

I certify that I have no physical conditions which may inhibit healing, such as diabetes, auto-immune diseases, or any other medical condition which might adversely affect my physical and / or mental wellbeing in the event of injury. I further affirm that I do not desire to inflict harm upon myself.

By signing this form, I release any and all claim(s) I may have while attending this event. I am knowingly and voluntarily assuming any and all risks of injury including death, and am knowingly and voluntarily signing this release form.

I understand and agree to allow the capture of my image and voice either directly or indirectly during my participation during the course and agree that this may appear on video, audio, or any other media means that any, and all associated companies may require, including presentation, promotion, or advertising

My signature below specifies that I have read and understood everything contained in this waiver and assumption of risk form. I have read this entire Release Form and fully understand its meaning and agree to be legally bound by its contents.

Signature _____

Print name _____

Date _____