



## LIABILITY AND ASSUMPTION OF RISK

In consideration of being allowed to participate in any way in the Buku Bodywork LLC, by receiving hands on body treatments or participating in any related events and activities, the undersigned acknowledges, appreciates, and agrees that:

I understand that I am encouraged to seek my physician's approval prior to participation in this or any other exercise program. I completely accept responsibility for my well being in this program, and acknowledge that my participation is voluntary.

Although supervised by a trained professional, I assume responsibility for monitoring my physical condition and will alert the instructor and/or cease participation should any unusual symptoms occur.

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,

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the Buku Bodywork LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("releasees"), with respect of all and any injury disability death or loss or damage person or property whether arising from negligence of the releasees or other wise, to the fullest extent permitted by law.

LIABILITY: I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

BEST # TO REACH YOU: \_\_\_\_\_  
YOUR EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_