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815 Carmen Drive, Suite C

Mount Shasta, California 96067

Declaration of Informed Consent

First Name

Last Name

Street Address

City

State

Postal Code

Phone Number

Email

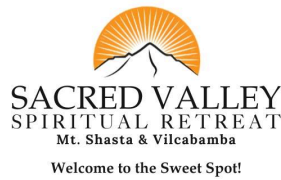
Date of Birth

Age

Welcome!

Before we enter into a working relationship together, we want you to have sufficient information about the services we provide.

At Sacred Valley Spiritual Retreat (SVSR), we offer Shamanic Energy Transformational Healing (SETH)[™], Alchemical Hypnotherapy and Regression, Reiki Certification, Spiritual Empowerment Coaching, Sound Healing, and Ayahuasca and San Pedro (Wachuma) ceremonies.



We will help to bring balance to your spiritual, emotional, physical, and mental levels. Sessions are intuitively tailored to your individual requirements; therefore, each healing session will focus on a different area of need. It is our goal to provide a safe, non-judgmental, and supportive environment during your time at SVSR, and it is your responsibility to inform us of any emotional or physical discomfort you may be experiencing during your time here.

We expect payment in full to confirm reservations for retreats or seminars. Guests have 48 hours from the time of payment to cancel and receive a full refund; after 48 hours from the time of payment, there are no refunds for any Sacred Valley Spiritual Retreat, Seminar, Plant Medicine Retreat, Workshop, etc. unless cancelled by SVSR. In such an event, we are not responsible for any costs incurred by you other than the aforementioned refund.

In the event that you must cancel after 48 hours from the time of payment, the dollar amount paid can be credited towards any future SVSR event or healing retreat within one year, less a \$100 processing fee.

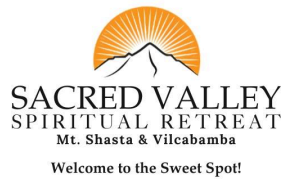
After 48 hours from the time of payment, guests may cancel their registration for a specific event and reschedule for a future event/healing retreat within 14 days, or they forfeit their payment.

For cancellations made by a guest within 14 days of the event start date, the payment is forfeited, non-refundable, and not transferable.

At any point in our therapeutic relationship, we reserve the right to terminate our sessions or retreat if we consider our work together to be unproductive or if you become disruptive to the healing environment. You will receive no refund if you are asked to leave for these reasons.

Due to the nature of this type of service, we do not offer a guarantee of any specific results, and no refunds will be given.

I am aware that during my time at Sacred Valley Spiritual Retreat I will inform the hosts of any limiting physical condition and of any medications I am taking before the start of the retreat, seminar, workshop, etc. I will inform them of any alcohol or drug dependency. I understand that no alcohol or non-prescription drugs can be consumed on the premises of SVSR.



The powerful healing processes can bring up strong emotions, and by signing this document, I declare I am emotionally stable enough to handle heightened emotional releases.

Our therapies are not offered as a substitute for health care treatment with a licensed physician or therapist but as a complimentary service. Practitioners at SVSR do not take any legal or clinical responsibility for the client to ensure correct procedure with their health care provider.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

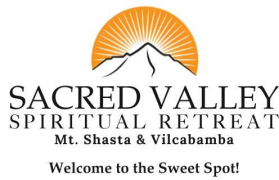
I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SACRED VALLEY SPIRITUAL RETREAT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, and assign as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from Sacred Valley Spiritual Retreat and its owners, Alan Francis Waugh and Dianna Jerrybandhan Waugh.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this document from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.



I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident 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 IN ITS ENTIRETY AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Participant's Name (Please print legibly)

Date

Parent's or Legal Guardian's Signature (if 18 years old or younger, Parent/Legal Guardian must also sign)

Parent's or Legal Guardian's Name (Please print legibly)

Date