

## WAIVER AND RELEASE OF CLAIMS

The undersigned \_\_\_\_\_ of \_\_\_\_\_, in consideration of being permitted to participate in the **Geometry of Awakening Retreat**, hosted by **Laurie Maloney / Unwind Studio and Farida Meguid**, at \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ (the "Retreat"), hereby agrees to the following Waiver and Release.

I hereby waive, release, indemnify, hold harmless and forever discharge **Unwind Meditation Studio, LLC**, its owners, officers, directors, employees, agents, contractors, facilitators, affiliates, successors and assigns, including **Laurie Maloney and Farida Meguid**, and the retreat venue and its staff (collectively referred to as the "Released Parties"), from any and all claims, demands, causes of action, damages, liabilities, costs, or expenses of any kind, whether known or unknown, arising out of or in any way related to my participation in the Retreat and its activities.

These activities may include, but are not limited to: yoga, meditation, breathwork, sound or vibrational healing, workshops, movement practices, swimming, hiking, excursions, beach activities, transportation, and other activities offered as part of the Retreat experience.

I understand that participation in retreat activities involves inherent risks, including but not limited to physical injury, illness, emotional distress, accidents, or death. I further understand that travel and group activities may involve additional risks beyond those present in my daily life.

I acknowledge that I am voluntarily participating in the Retreat and assume full responsibility for any risks, injuries, damages, or losses that may occur as a result of my participation.

I further understand that it is possible to contract illness or disease while traveling or participating in group activities, and I voluntarily assume all risks related to such exposure.

On behalf of myself, my heirs, executors, administrators, and assigns, I release and forever discharge the Released Parties from any and all liability for injuries, damages, or losses arising from my participation in the Retreat, except in cases of **gross negligence or willful misconduct**.

I acknowledge that I am responsible for determining whether I am physically and mentally fit to participate in retreat activities and agree to inform the retreat organizers of any relevant medical conditions, injuries, or limitations prior to participation.

This Waiver and Release contains the entire agreement between the parties and supersedes any prior written or oral agreements relating to the subject matter herein. Any modifications must be made in writing and signed by all parties.

This Waiver and Release shall remain in full force and effect during and after the Retreat.

I have read and fully understand the terms of this Waiver and Release. I understand that by signing this document I am voluntarily giving up certain legal rights, including the right to bring legal claims against the Released Parties.

I sign this agreement freely and voluntarily without inducement or coercion.

Participant Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ (Participant must be 18 years or older)