



Nature Woven, LLC

## Women's Nature Ways

LIABILITY WAIVER FORM, MEDICAL RELEASE & PHOTO RELEASE

### **Waiver of Liability, Assumption of Risks, and Indemnity Agreement**

**WAIVER:** Women's Nature Ways is a program of Nature Woven, LLC. In consideration of my participation in any and all activities of Nature Woven, LLC at the residence of any member or at any and all locations where such Nature Woven, LLC activities take place (collectively, the "Activities"), I, for myself, my heirs, personal representatives or assigns, do hereby covenant not to sue, and release, waive, and discharge, Nature Woven, LLC, their directors, officers, staff members, volunteers, advisors, property owners, and/or agents, from liability and of and from any and all claims including the negligence or default of Nature Woven, LLC, their directors, officers, staff members, volunteers, advisors, property owners, and/or agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activities.

**ASSUMPTION OF RISKS:** Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains, to major catastrophic injuries including paralysis and death.

I agree to use all information provided to me during the Activities solely for my own benefit. As the Activities include movement, I understand that I should be aware of my physical limitations and agree not to exceed them.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the Activities. I hereby assert that my participation is voluntary, and that I knowingly assume and accept all risks.

**INDEMNIFICATION AND HOLD HARMLESS:** I also agree to INDEMNIFY AND HOLD Nature Woven, LLC, their directors, officers, staff members, volunteers, advisors, property owners, and/or agents, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, brought as a result of my involvement in the Activities, in any location where Activities are conducted, and of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by me or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and to reimburse them for any such expenses incurred.

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks, indemnification and hold harmless, agreement is intended to be as broad and inclusive as permitted by the law of the State of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Medical Release**

In the event that I need medical attention while participating in this program, I hereby grant permission to Nature Woven, LLC and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

**Photo Release**

I hereby grant free permission for Nature Woven, LLC to use images of myself participating in their programs and events for outreach purposes, including but not limited to electronic or print materials or media.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this **LIABILITY WAIVER, MEDICAL RELEASE & PHOTO RELEASE FORM**, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Your Printed Name \_\_\_\_\_