

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In exchange for participation in this event/workshop/personal coaching session organized and conducted by Sisters of Sexuality (further regarded as 'the company') and all of its employees, volunteers and associates who are affiliated, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, 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 acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate and that it will govern my actions and responsibilities at said activity.

I agree to obey all posted and oral rules, regulations and warnings and further agree to follow any oral instructions or directions given by the employees, volunteers and associates affiliated with the company.

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 this activity, THE FOLLOWING ENTITIES OR PERSONS: The Sisters of Sexuality, (SOS) and/or their collective and or individual brands, directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph 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 the company and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this participation in the conference activity may involve a test of a person's physical and mental limits. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand that, during this event, I might touch someone or have someone touch me that might trigger emotional and/or physical responses and will not hold the Sisters of Sexuality and/or any of its employees, volunteers or affiliated associates liable for any damage (including, but not limited to physical, emotional, spiritual and property) that I cause on another person or any damage that someone causes upon me.

If I feel uncomfortable at any point, I have the option of withdrawing from that particular activity and/or the workshop and understand that I will not be reimbursed for any portion that I miss or do not participate in.

I understand while participating in this activity, I may be photographed. I agree to allow

my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

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 HAVE CAREFULLY READ THIS STATEMENT, UNDERSTAND ITS MEANING AND AM VOLUNTARILY AGREEING TO THIS LIABILITY AND INDEMNIFICATION AGREEMENT. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT BETWEEN ME AND SISTERS OF SEXUALITY AND BY PURCHASING MY TICKET/ATTENDING THE EVENT, I ACKNOWLEDGE THAT I WILL TAKE ON ALL RESPONSIBILITY AND RISK ASSOCIATED WITH MY PARTICIPATION IN THE EVENT/WORKSHOP/PERSONAL COACHING SESSION.

