

Release from liability and assumption of risk agreement

I _____ ,

- A. I am signing this release in good physical condition and mental health.
- B. I have no reason to believe that I am not in good physical and mental health.
- C. I am fully aware of, and do acknowledge and assume any and all risk of injury inherent in my participation in this seminar.
- D. I have read and fully understand the terms and conditions of this agreement.
- E. I hereby waive and release the Instructor(s) and any assistants(s) to the Instructor(s), in particular but not limited to Steve Klement and the hosting agency or organization, for any physical and/or mental injury suffered by me during any and all training activities during this seminar.

Signature: _____ Date: _____

Name:

Address:

City:

State:

Zip:

In case of emergency, please notify -

Name:

Relationship:

Phone: