

Release of Liability

**Read carefully—this affects your legal rights.
Please complete and return before your first appointment.**

In exchange for participation in the activity of entering the building of 961 Laurel Street organized by Gwenn Kafka, Certified Medical and Master Hypnotherapist ("Gwenn Kafka and LJCVC Assoc. LLC"), of 961 Laurel Street Ste 206, San Carlos, California, 94070 and/or use of the property, facilities, and services of Gwenn Kafka and LJCVC Assoc. LLC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Gwenn Kafka and LJCVC Assoc. LLC, or the employees, representatives, or agents of Gwenn Kafka and LJCVC Assoc. LLC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Gwenn Kafka and LJCVC Assoc. LLC for injury, loss, or damage arising out of my or my family's use of or presence upon the facilities of Gwenn Kafka and LJCVC Assoc. LLC, whether caused by the fault of myself, my family, Gwenn Kafka and LJCVC Assoc. LLC, or other third parties.
3. I agree to indemnify and defend Gwenn Kafka and LJCVC Assoc. LLC against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Gwenn Kafka and LJCVC Assoc. LLC.
4. I agree to pay for all damages to the facilities of Gwenn Kafka and LJCVC Assoc. LLC caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Signature: _____ **Date:** _____

Name: _____

Address: _____

In case of an emergency, please contact:

Name: _____ **Relationship:** _____

Daytime Phone: _____ home cell work other

Evening Phone: _____ home cell work other

Other Phone: _____ home cell work other

