



The Sacred Pathway Hawaiian Retreat

HEALTH & LIABILITY FORMS

In order to attend The Sacred Pathway Retreat,
SIGNATURES ARE REQUIRED FOR:

(I) BREATHWORK

(II) KAMBO SIGNUP

(III) WAIVER & RELEASE FROM LIABILITY FOR ALL
SPIRITUAL ARTS SERVICES & SPIRITUAL COUNSEL

(IV) WAIVER OF LIABILITY & HOLD HARMLESS
AGREEMENT

(I) BREATHWORK

Breathwork Contraindications

The Breathwork Intermittent Hypoxic Training has profound effects on the body and mind, utilizing breath holding to create brief intermittent hypoxia as guided in SOMA Breath.

This Breathwork should NOT be practiced in the case of any of the following:

- Severe/critical diseases or infections
- COPD-II and COPD-III
- Organ failure or late-stage terminal illness
- Pregnancy
- Cancer (Exception: your doctor gives you specific permission)
- If you have epilepsy, a pacemaker, or irregular heart beat (Exception: your doctor gives you specific permission).

Breathwork is INCLUDED.

Requires signature to participate.*

***SIGNATURE as eSignature on Application Form**

(II) KAMBO SIGNUP

Health Requirements & Contraindications

Those on the following list may NOT safely take Kambo. Those who:

- Have serious heart problems including: having had heart surgery or have any other serious heart issues.
- Have had an organ transplant that you are taking immune system suppressing medication for.
- Are on medication on for low blood pressure.
- Have suffered a stroke.
- Have had a brain hemorrhage.
- Have had aneurisms or blood-clots.
- Suffer from a serious mental health condition.
- Lack the mental capacity to make the decision to take Kambo.

The Kambo Ceremony is OPTIONAL.

Requires signature to participate.*

Space is limited.

***SIGNATURE as eSignature on Application Form**

(III) WAIVER & RELEASE FROM LIABILITY FOR ALL SPIRITUAL ARTS SERVICES & SPIRITUAL COUNSEL

I acknowledge that Brandon Loveladdy and/or Chelsea Loveladdy are Spiritual Arts Practitioners, and are a private practice for the purpose of providing mental, emotional, physical, and/or spiritual support using various Spiritual Art mediums.

I also acknowledge that Brandon/Chelsea Loveladdy are not medical doctors or mental health care professionals, and thus accordingly cannot and will not provide me with medical advice or psychological advice. I will rely on my own medical practitioner or mental health professional for advice for medical or psychological advice. I recognize that Spiritual Arts are *only one* factor in the management of my health. I also recognize that ultimately it is up to me as to whether I choose to follow the sharing of information and skills provided by any practitioners acting on behalf of Orange County Reiki & Sound Transformations, and that it is highly advisable to consult with my medical or mental health professional prior to so doing. For the safety of all concerned parties, Brandon/Chelsea Loveladdy have the right to refuse service to anyone who does not comply with our terms and agreements or who they consider may need professional medical treatment that they do not offer.

Brandon/Chelsea Loveladdy facilitate only Spiritual Arts sessions and services. They will respond to my inquiries by providing positive reinforcement and appropriate feedback. I acknowledge my overall responsibility to advise them with respect to my levels of comfort or discomfort and any other information, which might influence their support of me. In consideration of the services, information, and support I have received or will hereafter receive from them, or in connection to Mandy Adams & Soul Star Journeys, I hereby hold harmless Brandon/Chelsea Loveladdy and Mandy Adams (Soul Star Journeys) from any or all liability in consequence, or supposed consequences of such services, information and support given, and release and waive all claim for damage howsoever incurred or to be incurred, as a result of such services, information and support. This Release shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

I have read this WAIVER & RELEASE FROM LIABILITY FOR ALL SPIRITUAL ARTS SERVICES & SPIRITUAL COUNSEL prior to signing and I understand its effect. I am aware that by signing this Release I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators and assigns may otherwise have had against Releasees.*

***SIGNATURE as eSignature on Application Form**

(IV) WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

Release executed by name of guest on Application Form applying to Brandon & Chelsea Loveladdy, & Mandy Adams for The Sacred Pathway Retreat.

1. In consideration of being permitted to participate in Brandon & Chelsea Loveladdy's & Mandy Adams retreat and its related Activities (to be held in Hawaii and various locations and which may include but are not limited to walks, hiking, water, snorkeling, boating, and outside-vendor conducted activities/events), during the Retreat I am attending **SEPTEMBER 2nd-SEPTEMBER 7th** I, (name on application) the undersigned, hereby in advance Release, Wavier, FOREVER DISCHARGE, AND COVENANT NOT TO SUE Whale Spirit Sanctuary, Brandon & Chelsea Loveladdy, or Mandy Adams, their guests, or other acting hosts etc. as such (hereinafter referred to as the RELEASEES), from and against any and all liability for any harm, injury, damage, claims, actions, causes of actions, costs, demands and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, sickness (COVID 19 or otherwise), damage, or injury, including but not limited to suffering and death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES, or otherwise, while participating in activities in Hawaii, or while in, on, upon, or in transit to or from the premises where the activity is being conducted.
2. I have signed this RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE in full recognition and appreciation of the dangers and hazards involved in this activity, which include but are not limited to Brandon & Chelsea Loveladdy & Mandy Adams.
3. Activities, travel and other outside vendor activities. I also know that unanticipated and unexpected dangers may arise during such activities. I FURTHER UNDERSTAND THAT SERIOUS ACCIDENTS MAY OCCUR DURING ACTIVITIES, AND OCCASIONALLY MORTAL OR SERIOUS PERSONAL

INJURIES, AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE OF PARTICIPATING IN THESE ACTIVITIES CAN OCCUR. Knowing the risks of such activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above (RELEASEES) who through negligence or carelessness or otherwise might be liable to me (or my heirs or assigns) for damages.

4. I VOLUNTARILY PARTICIPATE IN THE RETREAT AND OUTSIDE VENDOR ACTIVITIES, AND VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING BUT NOT LIMITED TO SUFFERING AND/OR DEATH, whether foreseen or unforeseen, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in said activity or any independent research or activities taken as an adjunct thereto, including but not limited to instructions, training, and incidental operations, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I fully and completely understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection in any way with my participation in said activity or any independent research or other activities taken as adjunct thereto including but not limited to instructions, training, and incidental operations.
5. I understand and agree that RELEASEES do not have medical personnel available at the location of the activity. I understand and agree that RELEASEES are granted permission to authorize emergency medical treatment, if necessary, and that such action by RELEASEES shall be subject to the terms of this agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
6. It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as RELEASEES. I further agree TO SAVE AND HOLD HARMLESS,

INDEMNIFY AND DEFEND RELEASES from any claim by me, or my family, arises out of my participation in Student Club Intramural Activities.

7. I hereby further agree that this agreement be construed in accordance with the laws of the States of California and Hawaii.
8. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Waiver of Liability and Hold Harmless Agreement by reading it before I sign it, that I understand it and that I sign this document voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement, and that I execute this Release for full, adequate and complete consideration fully intending to be bound by same.
9. If any term or provision of this Agreement shall be illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.
10. THIS IS A RELEASE – READ BEFORE SIGNING
11. IN WITNESS THEREOF, I have executed this release on date of application.

REQUIRES SIGNATURE*

***SIGNATURE as eSignature on Application Form**

Other Optional Services

Reiki & Private Healing Services

Space is limited.

Requires appointment.

Massage

Space is limited.

Requires appointment.