



LIABILITY WAIVER AGREEMENT

THERMOGRAPHY FOR LIFE - Sherry Albert
385 Carriage Ln, Lady Lake, Florida [32159]

I _____ age _____ affirm that my participation in a sound table session is 100% voluntary. I know that at any time, I can stop the session for any reason I deem necessary. **It is my responsibility** to be physically fit and able to fully participate in any and all activities that I take part in. **I will NOT participate** in any activities that I am not completely sure that I am fully capable of safely completing. Also, I will notify all technicians and all representatives of any and all physical conditions and limitations prior to my willful participation at each session. I represent that I am not mentally or physically impaired by any condition, ailment, illness, alcohol, legal or illegal chemical, herb or drug, so as to impair or limit my participation in training and my physical and/or mental decision-making capacities.

I remise, release, waive, discharge and forever hold free from any and all harm, actions, claims, demands, liabilities, or damages which I, my successors, assigns, heirs, executors, or administrators (further known as Rep's), have now or may have resulting directly, indirectly, or remotely from my actions or that of any other person associated with my company. This release is to encompass Thermography For Life, Sherry Albert and insurance carriers, from any and all suits, actions, or cause of actions at law, claims, demands, or liability either in law or in equity from any and all aspects of my voluntary participation in any Sound Table sessions.

I further agree that I will be fully and completely financially responsible and personally liable for **100% of any financial losses incurred including any and all costs, expenses, fees, damages, penalties, judgments, and/or settlements** made by any lawful Judicial Officials, Juries, Arbitrating Parties or Government Agency for any and all decisions or verdicts of responsibility and/or liability made **even if the decision is made against Thermography For Life in my favor**. This financial responsibility is to include any costs, fees, damages, or expenses for any type of statement, testimony and/or depositions made even under order of a subpoena.

I certify that I have read the information above and that I understand its contents fully and completely. I freely and voluntarily autograph, agree with, and accept this agreement. No type of threats, duress or coercion has been used to force, pressure, or intimidate me to autograph this agreement.

Autograph _____ Witness _____

Parent or Guardian _____ Date _____