



HOLISTIC HEALING CENTER

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VENTURA, CA 93003

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LIABILITY AND MEDICAL RELEASE FOR PARTICIPANTS

Name of Event or Activity: _____,

Participant's Name: _____

I understand that participation in the above event or activity could include actions or tasks, which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the organization or business named above from all liability, costs and damages, which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

I agree to obey and observe all rules and warnings posted or verbally stated. I also agree to pay for all damages to the HHC caused by my or my minor's negligent, reckless or willful actions.

Signature of Participant: _____ Date: _____

Address: _____

If participant is under 18 please sign below.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____