**Georgina Brooker: Wellness and Wonder**

Accident waiver and release of liability

* I have read the declaration and am aware of all risks. I assume all of the risks of participating in any/all activities associated with Wellness and Wonder by Georgina Brooker and/or their directors, officers, employees, volunteers, representatives, collaborators, agents, activity holders, sponsors, and volunteers.
* I understand that the risks include, but are not limited to, incidents which may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them.
* I understand that any action taken or decisions made, following on from knowledge gained at the events is my personal responsibility and does fall back on the facilitators in any way.
* I agree to paying the full amount of the event on the day, or across the payment plan arranged. If cancelled less than 48 hours before the event, I agree to pay in full. I understand that for overseas retreats and events, 7 days notice must be given otherwise payment in full is still required.
* I understand that all deposits paid are non-refundable. This includes payments made after the deposit too.
* I certify that I am physically fit for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity and that I have declared all dietary and health related conditions when signing up for the event, whether this via the online form or by alerting Wellness and Wonder by Georgina Brooker.
* I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.
* I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
* I agree to paying for travel insurance for any activities overseas from the UK.
* I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. I accept that if I do not want to feature in photographs or videos, it is my personal responsibility to inform the organiser and collaborators prior to the event taking place.
* I understand that photographs taken of the event, whether by attendees or professional photographers must acknowledge Wellness and Wonder By Georgina Brooker (and any collaborators or professional photographers) so as not to be deemed as copyright.
* I understand that the content of the events have been carefully planned by Wellness and Wonder By Georgina Brooker and that this is their intellectual property and must not be reused in any other programmes or events.
* I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.
* I acknowledge that if the event organiser deems me a threat or feels that people are at risk mentally, emotionally or physically, that they may remove me from participating with no refund given.
* In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
* I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Wellness and Wonder by Georgina Brooker and/or their directors, officers, employees, volunteers, representatives, collaborators and agents, and the activity holders, sponsors, and volunteers;
* INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
* I acknowledge that Wellness and Wonder by Georgina Brooker and their directors, officers, volunteers, representatives, collaborators, employees and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
* The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
* I CERTIFY THAT I HAVE READ THIS DOCUMENT PRIOR TO PAYING FOR THE DEPOSIT OF THE EVENTS AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND BY CHOOSING TO ATTEND THE EVENT, I SIGN IT OF MY OWN FREE WILL.