

HEALTH RETREAT INDEMNITY FORM

Please read and sign the Indemnity Form upon registration for your participation in the health retreat.

I hereby warrant and acknowledge :

1. that my general health is good and I have no medical condition or disability that renders me unfit to undertake the DRP programme at the health retreat.
2. that I fully understand that there may be risks, hazards and dangers associated with the activities which I would be subjected to.

I accept the terms and conditions stipulated in the registration form and I understand that I had the opportunity to fully discuss this programme with a representative of NewLife™ International to clarify any concerns or questions about the health retreat that I may have had.

I indemnify NewLife™ International and its staff, agents, and representatives from any claims, costs, expenses, liabilities and demands in respect of injury, loss or damage, to person or property of myself or my guests accompanying me, including all reasonable legal and court fees incurred, arising out of my participation in the health retreat or in any related activities irrespective of whether such claims arose through the negligence of any person, or from any of the risks, dangers or hazards inherent in a health retreat.

I, the undersigned, hereby declare that I have read and fully understood the contents of the Indemnity Form and acknowledge the risks involved.

SIGNATURE: _____ DATE: _____

NAME OF PARTICIPANT: _____