



**Release & Waiver of Liability, Assumption of All Risk, and Indemnity Agreement for  
“Growing Roots in Shifting Soil: Grounding the Feminine Divine in Our Everyday  
Lives”, an Everyday Medicine Woman event sponsored by Rainbow Journey, LLC**

IN CONSIDERATION of being permitted to attend, observe, work for, or participate in any way in (defined as any event conducted by and/or sponsored by and/or endorsed by the Rainbow Journey LLC, or any affiliate of Rainbow Journey LLC), **EACH OF THE UNDERSIGNED** for herself, her personal representatives, heirs and/or next of kin:

1. ACKNOWLEDGES, agrees and represents that she has or will, immediately upon entering any such area of the Shambhala Mountain Center will continuously thereafter, inspect such area of entry and he or she further agrees and warrants that if at any time he or she feels or observes any thing or condition in the said area to be unsafe, he or she will immediately advise Robin Varnado, event coordinator, of such thing or condition, and will leave the said area and/or refuse to participate in the *event*,
2. **HEREBY RELEASES, WAIVES, DISCHARGES, HOLDS HARMLESS AND COVENANTS NOT TO SUE** Rainbow Journey, LLC, or affiliate or subordinate of Rainbow Journey, LLC, and/or any officer, member or representative of the foregoing, all of which are jointly and sometimes referred to herein as the "Releasees," from **ANY AND ALL LIABILITY** to the undersigned, her personal representatives, assigns, heirs and/or next of kin, **FOR ANY AND ALL LOSS OR DAMAGE**, and any claim or demands therefore on account of **INJURY** to the undersigned's person or property, or resulting in the **DEATH** arising out of or related to Everyday Medicine Woman's Annual Gathering at the Shambhala Mountain Center in Red Feather Lakes, Colorado, in any way whatsoever, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE;**
3. **HEREBY AGREES TO INDEMNIFY and SAVE AND HOLD HARMLESS** the Releasees and each of them from any **LOSS, LIABILITY, DAMAGE OR COST** she may incur arising out of or related to Everyday Medicine Woman's Annual Gathering at the Shambhala Mountain Center in Red Feather Lakes, Colorado, in any way **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE;**
4. **HEREBY ASSUMES full responsibility for ANY RISK OF BODILY INJURY, DEATH or PROPERTY DAMAGE** arising out of or related to the Everyday Medicine Woman's Annual Gathering at the Shambhala Mountain Center in Red Feather Lakes, Colorado, in any way **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE;**



5. **HEREBY AGREES** that this **RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK and INDEMNITY AGREEMENT** extends to **ALL ACTS OF NEGLIGENCE** by the Releasees, and is intended to be as broad and inclusive as is permitted by the laws of the United States of America, of the laws of the States of Illinois and Colorado, and/or of the laws of the State having Jurisdiction, and that if any part or portion of this Agreement is held or determined to be invalid or without effect, it is specifically agreed the entire balance thereof shall, notwithstanding, continue in full legal force and effect; and

**I HAVE READ, and/or HAS BEEN READ TO ME, this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement in its entirety.** I fully understand its terms and I understand that **I HAVE GIVEN UP SUBSTANTIAL RIGHTS** by signing it **FREELY** and **VOLUNTARILY**, without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and **UNCONDITIONAL RELEASE OF ALL LIABILITY to the GREATEST EXTENT allowed by law**, whether by signing on my own behalf or as the parent or guardian of a minor.

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Print Name

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Signature of Participant

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Date

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Witness

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Date



PERSONAL INFORMATION FORM

In order to compile the necessary information for the trip, please complete the following forms and mail, along with the signed Acknowledgement of Risks and Release of Responsibility to Colorado Retreat, c/o Rainbow Journey, LLC, 430 W. Erie, Suite 405, Chicago, IL 60610. This information should be mailed with full payment by July 1, 2009. This information is vital to have in hand in order to expedite our planning and travel process. For questions or additional information, please phone Robin at [rvarado3@yahoo.com](mailto:rvarado3@yahoo.com).

PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Health Insurance Telephone Number: \_\_\_\_\_

HEALTH INFORMATION:

Name: \_\_\_\_\_

What, if any, health matters pose a potential consideration for your safety and well-being on this trip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever experienced altitude sickness or negative effects resulting from travel in a mountainous region? If so, please describe the experience.

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If you outlined any health concerns above, have you discussed your concerns with your healthcare provider? \_\_\_\_\_



Are you allergic to any foods, medications or environmental elements which we should be aware of:

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Do you wear a medic-alert bracelet for your allergies? \_\_\_\_\_

Do you carry an epipen for your allergies? \_\_\_\_\_

Other information which you feel we should know about your health or well being as it relates to you participating in this trip.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_