



WAIVER OF LIABILITY

I hereby understand and acknowledge that the classes, training, programs, and events held by the International Shaolin Luohan Therapeutic Qigong Association, Summit Sports Acupuncture, and Jared Andersen, M.S., L.Ac., C.SMA may expose me to many inherent risks, including accidents or injury. I assume all risk of injuries associated with participation including, but not limited to, falls, sprain, strain, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation in any course or class course held by the International Shaolin Luohan Therapeutic Qigong Association, Summit Sports Acupuncture, and Jared Andersen, M.S., L.Ac., C.SMA , I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the International Shaolin Luohan Therapeutic Qigong Association Summit Sports Acupuncture, and Jared Andersen, M.S., L.Ac., C.SMA, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the International Shaolin Luohan Therapeutic Qigong Association training programs and/or events as taught by Jared Andersen, M.S., L.Ac., C.SMA.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____

