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## WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating as an Exhibitor (the "Activity") at the 9<sup>th</sup> Annual Integrative Medicine for Mental Health Conference, taking place September 6-9, 2018 at the Hyatt Regency Dallas (the "Hotel") in Dallas, Texas, and as consideration for the right to participate in the Activity, I hereby, for myself and all representatives of my company, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Integrative Medicine for Mental Health (IMMH) (hosted by The Great Plains Laboratory, Inc.), located at 11813 W. 77<sup>th</sup> Street, Lenexa, Kansas 66214, their managers, staff, volunteers, and representatives for any physical or psychological injury, errors, acts or failures of any party, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I or any of my exhibitors, staff or team may suffer as a direct result of my participation in the aforementioned Activity. I agree to be financially responsible for any costs incurred as a result of such injury.

I agree to indemnify and hold harmless Integrative Medicine for Mental Health (IMMH) against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Hyatt Regency Dallas (the "Hotel") claims any of the above toward Integrative Medicine for Mental Health caused by my staff, I agree to assume all negotiations and arrangements regarding claims that were caused by a member of the below signed company directly with the Hotel and or reimburse Integrative Medicine for Mental Health (IMMH).

I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. This Agreement was entered into without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant (Company Name), \_\_\_\_\_, and Integrative Medicine for Mental Health (IMMH) agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement on behalf of the above signed company and its staff attendees. Upon signing this agreement, please scan and e-mail to [info@immh.org](mailto:info@immh.org) or fax to 913-815-4043.

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

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

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