



Deva SoulJourney Release of Liability

I understand that while the Deva Healing Center team, which includes Bri Boertman and all sub-contractors and affiliates, strives to provide a safe and enjoyable experience, participating in outdoor activities like backpacking, hiking, and camping have inherent risks involved and it is my responsibility to practice optimal self-care, manage risk with caution, and ask for my needs to be met as they arise.

Student Initials _____ Parent/Guardian Initials _____

I understand that there are risks associated with outdoor activities in the high desert and alpine forest environments of Santa Fe, which include but are not limited to: heat and sun illness, cold illness, and other weather-related and environmental illness and injury.

I voluntarily accept these risks along with other similar risks.

Student Initials _____ Parent/Guardian Initials _____

I understand that the proper use of outdoor gear and apparel can greatly reduce the risk of injury. I agree to learn how to properly use outdoor gear, such as camping stoves and backpacks, in an effort to maintain a safe environment for myself and my other group members.

Student Initials _____ Parent/Guardian Initials _____

I hereby give consent to the Deva Healing Center SoulJourney team to assess illnesses and injuries related to activities during the SoulJourney. I authorize Deva Healing Center to seek proper medical treatment, in cooperation with Summer Search and the participant's family

Student Initials _____ Parent/Guardian Initials _____

I understand that activities during the SoulJourney may be physically strenuous and requires a certain level of physical fitness. ***By initialing below, I agree to reveal any prior or current physical, emotional, and intellectual illnesses to the Deva SoulJourney team so they may assess the risk and for both myself and the group.***

Student Initials _____ Parent/Guardian Initials _____

I agree to receive a physical, or health and wellness examination, prior to attending the SoulJourney.

This exam can be provided by any range of health care providers, from holistic to traditional. If a physical has been completed within the last six (6) months, that documentation can be used.

Student Initials _____ Parent/Guardian Initials _____

Parents/Guardians, please sign below:

I give my consent for participation in the Deva Healing Center SoulJourney through the recommendation of Summer Search. In consideration of (_____) ("Participant") being permitted by Deva Healing Center to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Deva Healing Center and all of its sub-contractors and affiliates, as well as Summer Search and its affiliates, from any and all claims which are brought by, or on behalf of, Participant, and which are in any way connected with such use or participation by Participant.

I release Deva Healing Center, Brianna Boertman, and all Deva Healing Center sub-contractors from all liability related to yoga, expressive arts activities, hiking, camping, and backcountry expedition travel.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Participants, please sign below:

By signing this document, I agree that I understand and voluntarily accept the potential risks associated with the Deva Healing Center SoulJourney.

I have had sufficient opportunity to read this entire document and agree to the terms and conditions.

Signature of Participant: _____

Print Name: _____ Date: _____

IN CASE OF AN EMERGENCY, CONTACT: _____
(PRINT Name, Relationship, and Phone Number)

SECONDARY EMERGENCY CONTACT: _____
(PRINT Name, Relationship, and Phone Number)

Insurance Information: _____
(Carrier and Policy Number)

By initialing here, we *give* Deva Healing Center *permission* to use photos, videos, and participant testimonials on their website and affiliated social media as a way to promote future SoulJourneys:

_____ (Participant) _____ (Parent/Guardian)

- OR -

By initialing here, we *DO NOT give* Deva Healing Center *permission* to use photos, videos, and participant testimonials on their website and affiliated social media as a way to promote future

SoulJourneys: _____ (Participant) _____ (Parent/Guardian)