

FOREIGN TRAVEL RELEASE FORM

Please read and complete this travel form.

In registering and participating in **this International Greece Pilgrimage-- Sept./Oct. 2018 (“Trip”)**, which may involve travel in/from/to the United States, and in/from/to places abroad, including, but not limited to trip destination of Bali, Indonesia, I hereby agree to the fullest extent permitted by law of the following:

1. I release and discharge **Joan Clark, Joan Clark’s Palais Aromaetic, Finbarr Ross, and/or their agents (“Organizer(s)”)**, from any liability or responsibility for any injury (including death); and for any damage to or loss of property, however caused, that I may suffer as a result of or in connection with my participation in and acceptance of services relating to “Trip” or any related travel; including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of “Organizer(s)”.

2. I fully understand that I am responsible for my own experience.

3. I understand that my participation in this “Trip” will include experiences with ocean water, pools, and activities that may present a hazard to me and I fully accept all such risks.

4. I agree not to raise any claim or institute any legal actions or proceeding against “Organizer(s)”, for any cause of action that may result or arise from my participation in the “Trip” or any related travel.

5. I fully understand that International travel has inherent risks outside the control of “Organizer(s)”, which in part may be affected by my own actions in following the standard guidelines concerning medicine, travel, and safety.

6. Health Proxy:

a. I understand it is my obligation to inform an appropriate representative of “Organizer(s)” of any special information regarding my health, or physical or mental condition, that may be relevant to my participation in the Retreat or any travel related to the Retreat.

b. I understand that “Organizer(s)” are not licensed medical or mental health care providers; that “Organizer(s)” do not diagnose or provide any advice or technique as a form of treatment for medical or mental health problems; and I further understand that it is my responsibility to consult with my medical and/or mental health provider(s) for any condition(s) for which I am under or may need treatment.

c. In the case of an emergency or such an illness, injury or accident that renders me unable to make an informed choice as to the determination of action, I hereby grant to “Organizer(s)” the power of attorney to act on my behalf until a suitably qualified family member or designee is in a position to do so.

7. In consideration for being permitted to participate in this program/retreat, and for other good and valuable consideration, the receipt and adequacy of which is acknowledged, I, as the participant (individually and on behalf of my heirs, successors and assigns) fully and forever release and discharge “Organizer(s)” and any sub-contracted employees, instructors, affiliates, agents, from any and all claims, directly or indirectly resulting from, or in connection with, my participation in this “Trip”.

8. My questions, if any, about this Foreign Travel Release Form (“Form”) have been answered and I understand the risks associated with international travel and the “Trip”, and the terms and conditions of this “Form”.

9. I further state that the “Form” has been carefully read, that I understand the contents thereof, and hereunder sign the same by my own free act.

10. This release shall be governed by and construed in accordance with the laws of the State of Kansas, applicable to contracts entered into and intended to be performed solely within that state.

11. I understand that some parts of the gathering may be photographed and videotaped, and I agree to allow myself to be filmed and give up any rights that I might have regarding the video or photographs or use of these images or recordings from the “Trip”, by “Organizer(s)”. I further give my consent to permit any image, digital or otherwise, of my likeness to be used in any manner consistent with the promotion of such future trips/events/retreats by “Organizer(s)”.

I, the participant, have read and fully understand this “Form”, as well as the Terms and Conditions and Liability Waiver from www.joanclark.com, and I fully and unconditionally consent to be bound by this Release of All Claims.

Signature

Date

Print Name

Witness signature

Date