



**SEED**<sup>TM</sup>

graduate institute

Name

Birth Date

Mailing Address

City

State

Zip

Home Phone

Work Phone

**Certificate of Understanding and Assumption of Risk**

I, (Participant Name) \_\_\_\_\_, hereby affirm that I have been advised and informed of the inherent hazards of sweat lodge ceremony.

\_\_\_ I understand and agree that neither my guide/instructor (Pat McCabe, Tobasonakwut Kinew) SEED Graduate Institute, nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this program or as a result of any matter or condition under my control.

\_\_\_ In consideration of being allowed to participate in this program, I hereby save and hold harmless said program and I personally assume all risks in connection with this program, for any harm, injury, or damage that may befall me while I am a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

\_\_\_ I also understand that participating in sweat lodge is intended as a ceremony of purification, and while there may be benefits to the spirit in participating in such a program, it is a physically strenuous activity that involves being exposed to intense heat, moisture and darkness for prolonged periods and that I will be exerting myself extensively during this activity.

\_\_\_ I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I am not suffering from chest congestion or a history of respiratory problems such as asthma, emphysema, or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities. I affirm that I do not have a history of seizures, dizziness, or fainting; nor a history of heart condition (e.g.: cardiovascular disease, angina, heart attack).

\_\_\_ I further state that I am of lawful age and legally competent to sign this certificate of understanding. I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF (Participant Name) \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT AND RELEASE PAT McCABE, TOBASONAKWUT KINEW, GLENN APARICIO PARRY, SEED, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, WHICH RESULTS FROM MY OWN CONDUCT OR ANY MATTER OR CONDITION UNDER MY CONTROL.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS CERTIFICATE OF UNDERSTANDING AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY HEIRS AND MYSELF.

Signature of Participation

Date