

**BORIS PRANA WEEKEND RETREAT  
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby agree to the following:  
**(PRINT FULL NAME - LEGIBLY)**

1. That I am participating in the July 10-12, 2015 WEEKEND RETREAT offered by BORIS PRANA (SiEmpire Inc.) during which I will receive information and instruction about yoga, shamanism and health. I recognize that yoga and shamanism techniques require physical exertion as well as possible psychological and emotional trials, which may be uncomfortable, challenging and strenuous and may cause physical injury or emotional discomfort, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this WEEKEND RETREAT. I represent and warrant that I am physically, mentally and emotionally fit and I have no medical condition that would prevent my full participation.
3. In consideration of being permitted to participate in this WEEKEND RETREAT, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.
4. In further consideration of being permitted to participate in this WEEKEND RETREAT, I knowingly, voluntarily and expressly waive any claim I may have against BORIS PRANA (SiEmpire Inc.) or any of their representatives for injury or damages that I may sustain as a result of participating in this WEEKEND RETREAT.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue BORIS PRANA (SiEmpireInc.) or any or its representatives for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
**(Please print legibly)**

So that we may serve you better, please describe any physical, mental or emotional condition(s) that could impact your participation in this WEEKEND RETREAT, e.g. injuries, chronic conditions, recent medical or surgical procedures, pregnancy/due date, Medication(s) & the ailment(s) the meds are addressing. Please use the back of this form if you need additional space. Thank you.

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**If participant is under age 18:** I, \_\_\_\_\_, as Legal Guardian of  
**(PRINT FULL NAME)**

\_\_\_\_\_, consent to the above terms and conditions.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_