

Inner King Training, Inc.

Name: _____ Training Dates: _____

Address: _____ City: _____ State: _____ Zip: _____

REGISTRATION & INFORMED CONSENT AGREEMENTS:

1.) I, _____ (Print), hereby voluntarily consent to participate in the the Inner King Training. I understand this Training event is educational and not psychotherapy or a substitute for psychotherapy.

2.) I understand that the training and its various parts may involve vigorous physical, mental, intellectual, and emotional activity, including, but not limited to role playing, and exercises that may tax my physical, intellectual, mental and emotional capacity. I understand that the Training may pose a risk of physical or other injury to myself and others.

I understand and acknowledge that my participation in the training and in every separate part thereof is purely voluntary and that at all times I will be free to choose whether to participate in any part or all of the Training. I acknowledge my responsibility for exercising my own judgment and initiative in choosing what parts of the training, if any, I will participate in. I acknowledge that my choices and my actions pose a risk of physical or other injury to myself or others. By this consent I knowingly and voluntarily assume the risk of any physical or other injury either to myself or caused to others by me in the training.

I hereby release Inner King Training, (hereafter "IKT"), its officers, directors, employees, agents and staff from any and all liability for physical and other injuries to myself. I hereby agree to indemnify and hold harmless IKT, its officers, directors, employees, agents and staff from any and all liability for physical and other injuries to myself and for any injury to others caused by me. _____ (Initial)

3.) I take responsibility for consulting with a medical doctor and/or psychotherapist prior to participating in the Training concerning any known or potential physical, mental or emotional condition which I have or may have, for the purpose of getting medical and/or psychotherapeutic permission to participate.

I assume the risk, by this consent, of any physical or other injury, illness or conditions during the training, and hereby release IKT its officers, directors, employees, agents and staff from any and all liability therefor. _____ (Initial)

4.) I hereby authorize IKT, its officers, directors, employees and staff to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the Training. IKT, its officers, directors, employees and staff may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment of IKT, its officers, directors, employees or staff may be deemed reasonable or necessary.

I hereby agree to indemnify and hold harmless IKT its officers, directors, employees and staff of and from any and all liability, claims, suits and damages, including, but without limitation, the cost, arising out of or with respect to the engagement of such services and /or personnel on my behalf. Further, I hereby knowingly and voluntarily release IKT, its officers, directors, employees and staff of and from any liability for any physical or other injury that I may suffer as a result of IKT's engagement of such services and/or personnel on my behalf. _____ (Initial)

Signature: _____ Date: _____

Witness signature: _____ Date: _____