



**PARTICIPATION WAIVER, ASSUMPTION OF RISK,
RELEASE OF LIABILITY DISCLAIMER**

This Agreement ("Agreement") is entered into by the undersigned participant ("Participant") and Soul India Journeys LLC, a Washington limited liability company ("Company").

1. VOLUNTARY PARTICIPATION

Participant acknowledges that participation in journeys, retreats, and travel programs to India offered by the Company is entirely voluntary. Participant knowingly elects to participate despite the risks involved.

Participant acknowledges that certain journeys or retreats offered include optional participation in Ayurvedic and traditional Indian wellness treatments, including Panchakarma programs.

2. ASSUMPTION OF ALL RISKS

Participant understands and expressly acknowledges that international travel to India and retreat activities involve inherent and unavoidable risks, including but not limited to:

- Serious personal injury, illness, permanent disability, or death
- Exposure to infectious diseases, food-borne illness, insects, animals, or unsanitary conditions

- Transportation accidents (air, rail, bus, automobile, rickshaw, boat)
- Extreme heat, humidity, altitude, terrain, or weather
- Delayed or inadequate access to medical care
- Emotional, psychological, or spiritual distress
- Acts or omissions of third parties, including foreign service providers

Participant voluntarily and expressly assumes all such risks, whether known or unknown, foreseeable or unforeseeable.

3. HEALTH & FITNESS REPRESENTATION

Participant represents and warrants that they are physically, mentally, and emotionally capable of participating in the program and have disclosed all relevant medical information. The Company makes no representation or warranty regarding Participant's fitness or safety.

4. SPIRITUAL & WELLNESS DISCLAIMER

Participant acknowledges and agrees that:

Retreat activities may include spiritual, mindfulness, yoga, meditation, breathwork, cultural rituals, or wellness-oriented experiences.

These activities are offered solely for educational, spiritual, and personal growth purposes.

The Company does not provide medical, psychological, psychiatric, or therapeutic treatment, diagnosis, or advice.

Participation in spiritual or wellness activities may involve emotional or psychological responses, which Participant voluntarily assumes.

Participant understands these activities are not a substitute for professional medical or mental health care.

5. AYURVEDIC & TRADITIONAL WELLNESS TREATMENTS DISCLAIMER

Participant acknowledges and agrees that certain programs offered by Soul India Journeys LLC may include exposure to or participation in Ayurvedic and other traditional Indian wellness practices, which may include, but are not limited to:

- Consultations with Ayurvedic practitioners and pulse assessments.
- Herbal preparations or supplements
- Oil massages (Abhyanga), Shirodhara, Swedana, others.
- Panchakarma-related treatment, detoxification procedures.
- Dietary recommendations
- Yoga, breathwork, meditation, and lifestyle guidance

Participant understands and expressly agrees that:

Ayurveda is a traditional wellness system, not a licensed medical practice in the United States.

Ayurvedic services provided during the program are offered for cultural, educational, and wellness purposes only.

The Company does not provide medical advice, diagnosis, or treatment, nor does it evaluate the safety or suitability of any Ayurvedic recommendation.

Any Ayurvedic practitioner or treatment provider is a third-party service provider, not an employee or medical agent of the Company.

Participant is solely responsible for deciding whether to participate, disclosing medical conditions, allergies, medications, and consulting with a licensed healthcare provider before participating.

Herbal remedies and treatments may carry unknown or individual risks, including allergic reactions, side effects, or interactions with medications.

Participant voluntarily assumes all risks associated with participation in Ayurvedic or traditional wellness activities.

6. POTENTIAL RISKS & EFFECTS

Participant acknowledges that Ayurvedic and Panchakarma treatments may involve risks, including but not limited to:

- Detox symptoms (fatigue, nausea, headaches, digestive changes)
- Allergic reactions to oils, herbs, or foods
- Changes in bowel movements or appetite
- Emotional or psychological responses
- Interactions with medications or pre-existing conditions

Participants voluntarily assume all risks, whether known or unknown.

7. MEDICAL RESPONSIBILITY & DISCLOSURE

Participant affirms that they have:

- Fully disclosed all relevant medical conditions, allergies, and medications.
- Consulted (or chosen not to consult) a licensed medical provider prior to participation.
- Taken full responsibility for deciding whether Ayurvedic treatments are appropriate.
- The Company does not evaluate medical suitability and relies solely on Participant's representations.

8. THIRD-PARTY PRACTITIONERS

Participant acknowledges that:

Ayurvedic practitioners and treatment centers are independent third-party providers

The Company does not supervise, control, or guarantee their services

Any disputes or claims related to treatment are between Participant and the provider

9. ASSUMPTION OF RISK & RELEASE

To the maximum extent permitted by Washington law, Participant assumes all risks and releases, waives, and discharges Soul India Journeys LLC, its members, employees, contractors, guides, and agents from any and all claims arising from or related to:

- Ayurvedic treatments
- Panchakarma programs
- Herbal remedies
- Traditional wellness or detox practices

This includes claims based on negligence, except where prohibited by law.

10. NO GUARANTEE OF RESULTS

Participant understands that no guarantees are made regarding outcomes, benefits, or results from Ayurvedic or Panchakarma treatments.

11. FULL RELEASE OF LIABILITY (WASHINGTON LAW)

To the maximum extent permitted by Washington law, Participant hereby releases, waives, discharges, and covenants not to sue Soul India Journeys LLC and its members, managers, employees, contractors, guides, volunteers, and agents from all claims, including those arising from negligence, that result from or relate to participation in the program.

This release specifically includes, without limitation, any claims arising from participation in Ayurvedic treatments, herbal remedies, traditional wellness practices, or spiritual activities, whether provided directly or through third-party practitioners.

This release applies to claims for personal injury, illness, death, emotional distress, or property damage, whether occurring in the United States or abroad.

12. INDEMNIFICATION

Participant agrees to defend, indemnify, and hold harmless the Company from any claims, liabilities, damages, losses, or expenses (including attorney's fees) arising out of Participant's conduct, participation, or violation of laws or customs while traveling.

13. MEDICAL EMERGENCY AUTHORIZATION

Participant authorizes the Company to obtain emergency medical care if Participant is unable to consent. Participants agree they are solely responsible for all medical costs, evacuation expenses, and related charges.

14. TRAVEL & LEGAL RESPONSIBILITIES

Participant is solely responsible for:

- Passports, visas, vaccinations, insurance.
- Compliance with foreign laws and customs.
- Personal conduct during the program.

The Company reserves the right to remove Participant from the program for unsafe, disruptive, or unlawful behavior without refund.

15. GOVERNING LAW, VENUE & JURISDICTION

This Agreement shall be governed exclusively by the laws of the State of Washington, without regard to conflict-of-law principles.

Any dispute shall be brought only in the courts of King County, Washington.

16. SEVERABILITY & ENTIRE AGREEMENT

If any provision is found unenforceable, the remaining provisions shall remain in full force. This Agreement constitutes the entire agreement between the parties and supersedes all prior communications.

17. ACKNOWLEDGEMENT OF UNDERSTANDING

Participant acknowledges that they have read this Agreement in its entirety, understand its legal effect, and understand that by signing, they are giving up substantial legal rights, including the right to sue.

PARTICIPANT SIGNATURE

Participant Name (Print): _____

Participant Signature: _____

Date: _____

FOR MINORS (UNDER 18)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____