



SKWACHAYS LODGE

ABORIGINAL HOTEL & GALLERY

SWEAT WAIVER AND RELEASE FORM

Release executed on _____ (date) by _____ (name)
of Skwachays Lodge Aboriginal Hotel, Vancouver, BC.

I, the Releasor, being of lawful age, in consideration of being permitted to participate in the Sweat Lodge Ceremony, scheduled for _____, and run and/or operated by the Releasee, Skwachays Lodge WAIVE, RELEASE and DISCHARGE the Releasee, its owners, officers, directors, employees, members, agents, assigns, legal representatives of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

This Waiver and Release agreement, that I fully understand and that I am freely and voluntarily executing by signing will forever prevent suits or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity. I understand that this Waiver and Release agreement is binding on me, my spouse, my

heirs, my executors, administrators, personal representatives and assignees.

I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the Sweat Lodge Ceremony and if required will obtain a medical examination and clearance. If I have any such physical or mental disabilities that I am aware of that I will inform the Releasee in writing before participating in such activities.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital and will be construed in accordance with and governed by the laws of the province of British Columbia. It is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECTUORS, ADMINISTRATORS AND ASSIGNEES MAY HAVE AGAINST THE RELEASEE(S).

The Releasor has executed this Waiver and Release at Vancouver, BC on _____ (date).

In the presence of

WTINESS: _____

RELEASOR: _____

CALL IN CASE OF EMERGENCY: _____

DOCTOR'S NAME & PHONE NUMBER: _____

Any physical limitations, medical ailments, physical or mental disabilities? Please list here after speaking to the Releasee:



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SWEAT LODGE INFORMATION

Each participant prior to the final decision to participate in the sweat lodge ceremony and prior to signing the informed consent agreement must read the following information.

If you are under the influence of drugs or alcohol, do not sweat. If you have any physical health needs such as an inhaler for asthma or orange juice for hypoglycemia, etc. please let the Medicine man know before the ceremony and give them your health needs to keep handy for you during the ceremony.

Several minutes before the ceremony begins you will be asked to prepare. Go to the Smudge Room, wear your in room robe over a bathing suit or shorts, remove all jewelry, hair ties, and contact lenses. You may wear glasses and place them on the bench when you enter.

Once you are ready, sit quietly and reflect on the work you are about to do. Come quietly to the circle when the Medicine man and Fire keeper are ready. Directions will be provided by the Medicine man.

Sweats usually consist of four rounds, at any time during a round you may call "Fire keeper, I go out." The fire keeper will open the door. Exit carefully and be sure to stay well back from the hot rocks and to support yourself in case you are dizzy or disoriented. Be sure to speak up if you need help because you are dizzy or unsteady. You may reenter the lodge when the door is opened again.

A Sweat is a very personal journey and you will get an opportunity to discuss your goals with the Medicine Man who will be assisting you.

When the last round is over everyone in the lodge calls "Fire Keeper, All My Relations" and all exit the lodge and sit or stand on the patio or Smudge Room. A closing prayer is said and the sweat is called complete.

It is important that you eat and drink before you attempt any activities. Be sure to replenish your body over the next day by drinking plenty of water and/or juices.

The sweat lodge ceremony has some potential risks that you must familiarize yourself with before choosing to participate.

There are very hot rocks in the pit that you must walk around and could burn yourself on.

The heat of the lodge may cause dizziness or disorientation making falls possible.

The humid heat may irritate the following conditions: skin lesions or rashes (especially poison oak), heart conditions, hypoglycemia, diabetes and high blood pressure.

The effects and risks of the sweat lodge conditions on pregnancy are not known; pregnant women should be aware that the sweat lodge may or may not be detrimental.

The experiences of releasing or vision may elicit strong emotional or physical reactions.

The cramped, closed, dark conditions within the lodge may trigger claustrophobic reactions such as panic or anxiety attacks and.

Although the elders operating the sweat lodge are very experienced they is not licensed or certified and make no such claims. They are here to offer their experience to support your personal work in the sweat lodge. They accept no responsibility for your growth or healing and make no promises of such.

I have read the above information and statements of fact regarding the sweat lodge ceremony. I am aware that Skwachays Lodge is not licensed or certified and is not responsible for my growth or healing and make no promise of help or release from any emotional or physical dysfunction. I understand and accept the risks stated above and assume full responsibility for the consequences of my decision to participate. I agree not to hold Skwachays Lodge responsible for any incident or dysfunction that may result from my participation in the sweat lodge ceremony. I hereby authorize the Shamanic Living Center to obtain medical care for me in case of an emergency.

Participant's name (printed) _____

Participant's signature _____ Date _____

Sweat Lodge honorarium \$ _____