

Dear Participant,

Wellness and Beauty Retreat by Perpetual Aesthetics LTD has been created for you to detoxify your body through detoxifying diet and movement in nature for personal growth and adventure. My primary goal is to provide you with the opportunity to go deep into your experience, explore and enjoy. It is my aim to offer these activities as freely as possible and with the greatest possible access to them. However, these retreat involves risks and uncertainties during our week. For example, we might experience extreme weather, possible injuries and some emotional challenges that may come to the surface. Thus, I ask you to read and sign this waiver liability so you understand the risks and take responsibility for your physical and emotional wellbeing. I hope that anything that should come up for you during your stay that you are able to reach out for help if you need something.

#### ASSUMPTION OF RISKS

I acknowledge that I have voluntarily applied to participate in Wellness & Beauty Retreat organised by Kornelia Hauck at Perpetual Aesthetics LTD to be held in Gozo 2nd-6th May 2022 referred to below as "this event".

In consideration of Kornelia Hauck and Perpetual Aesthetics LTD accepting my application for consideration of my participation in this event, I agree to release of claims, waiver of liability and assumption of risks.

On behalf of myself, my heirs, executors, successors, administrators and any other person who might have an interest in common law or operation of statute, I hereby waive any and all claims I or such parties may have now or in the future. I release from liability Kornelia Hauck, her assistants and any employees, guides, agents or representatives ("the releases") for my personal injury, death, property damage or loss of any nature suffered by me as a result of my participation in any activity on the retreat.

I release from liability Kornelia Hauck for any cause whatsoever including those arising out of, or in any way connected to, or occasioned by the negligence of the releasees.

1. The terrain, natural areas and the cliffs are subject to natural forces which result in obstacles and hazards.
2. Isolation. Part of this retreat is set in cliffs areas, where we will be hiking and away from civilization. We may be in the wilderness and natural areas which may not be regularly patrolled, communication may be difficult and rescue and treatment may not be available for hours.
3. Hiking, swimming and kayaking in natural areas may result in encounters with wild animals and insects which may injure.
4. Weather may be extremely presenting significant challenges.

I acknowledge the enjoyment and challenge I receive from the activities in this retreat and the wilderness and natural outdoor experience, its isolation and the opportunity to experience wild waters and nature in a natural surrounding and state and emotional experiences resulting from personal growth exploration and detoxification of the body, this is my reason for participating in this event and I voluntarily assume all risks associated with these activities and freely waive any and all legal rights that I may have against the releasees.

RELEASE

As consideration for being permitted by Kornelia Hauck in these activities, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue or attach the property of Kornelia Hauck, her affiliates, employees, agents or volunteers or any of her affiliated organisations, as a result of my participation in this event. I hereby release Kornelia Hauck and any of her agents or affiliated organisations from all actions, claims or demands that I, my heirs, distributees, guardians and legal representatives, now have or may hereafter have for injury, damage or death resulting from my participation in this event.

I am medically, physically, emotionally and in all respects fit and able to participate in this event. I have no medical requirement or condition except what is outlined in the Registration/Medical form.

I agree I will be fully and financially responsible for my own physical condition and well being during the retreat and will follow the safety precautions and instructions prescribed by Kornelia Hauck and her assistants.

I acknowledge that Kornelia Hauck may make suggestions from time to time that is intended to help me and my well being. However I take ultimate responsibility for my choices and realise that she is Prescriber Nurse with a speciality in Aesthetics, not a General Medical Practitioner, therefore I should always consult my doctor.

If I experience pain or discomfort during the retreat, I will modify Kornelia's Hauck instructions to suit my individual needs. I will not hold Kornelia Hauck responsible for any pain or discomfort I experience during or after the retreat. I understand that the activities offered on this retreat are not suitable for medical care. I understand that Kornelia Hauck is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness.

I have read carefully and understand this agreement with Kornelia Hauck and her affiliated organisations and sign it of my own free will.

#### CANCELLATION POLICY

No refunds shall be given if the participant decides to opt-out of the retreat unless the participant finds a person to transfer their registration and fill their spot. If Kornelia Hauck for any reason decides to cancel the retreat then a full amount will be given to the participant.

I understand no refunds, partial payments or deposits will be granted and I sign up for this retreat acknowledging Kornelia Hauck is not responsible for my opting out of the retreat for any reason.

In the rare event, a participant does not sign or return this retreat waiver, the participant's deposits and/or the payment shall constitute consent and understanding to the above terms and conditions.

Today's date: 04/11/21

#### PHOTOGRAPHY AND VIDEO RELEASE

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my

likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Today's date

04/11/21