

INDEMNITY AND WAIVER AGREEMENT

I, _____ the undersigned do hereby agree and acknowledge that the Metronome Project or its Directors, will not be liable for my death or any injury, loss or damage suffered by me, by any cause-whatsoever, regarding any activity undertaken, medical or other, during my stay at the retreat held by the Metronome Project.

I and/or my estate hereby indemnify the Metronome Project and it's directors against any claim by any person arising directly or indirectly from my death, any injury, loss or damage suffered by me.

I further acknowledge that I have entered the agreement with the Metronome Project in a stable psychiatric and physical health.

I further indemnify and hold the indemnified parties harmless against all liabilities, loss, claims, damage, costs and expenses which I may sustain or incur by any reason or arising out of my stay at the retreat held by the Metronome Project and arising out of my participation in any activities that are organized for my behalf by the indemnified parties.

I understand that my participation at the retreat is subject to approval by the Metronome Project team and is also conditional on:

- 1. My adherence to house rules with which I am familiar
- 2. Full payment of required funds charged by the Metronome Project

If I violate any of the above rules set out by the Metronome Project, I may be asked to leave by the Metronome Project team immediately. Failure to leave peacefully upon dismissal would be considered as trespassing and charges may be laid against me.

In addition, I, _____ understand that I acknowledge that the retreat program offered by the Metronome Project and it's team are not responsible for any expected outcome.

PARTICIPANT
FULL NAME

SIGNATURE

THE METRONOME PROJECT
FULL NAME 1

SIGNATURE

FULL NAME 2

FULL NAME 3

FULL NAME 4

DATE & TIME

SIGNED AT
