



PRIMORDIAL ALCHEMIST, INC. WORKSHOP

WWW.PRIMORDIALALCHEMIST.COM ♦ INFO@PRIMORDIALALCHEMIST.COM

Release of Liability Form

I understand that the level of my participation in Primordial Alchemist, Inc. classes and the exercises I will perform must be determined by me in consultation with my physician and that the instructor cannot fully monitor the extent of my participation.

I understand that I cannot participate in this program if I am Bi-polar, have Blood Cancer or am under the age of 18, and by signing this form I am stating that I am over the age of 18 and do not have the above conditions. I understand that my body movements are my responsibility.

I understand that Max Christensen, in making these classes available, is not undertaking any responsibility regarding my medical condition(s). If my medical condition should change, I understand that it is my responsibility to discontinue the program and to immediately consult with my physician about continuing or resuming participation in this program.

I hereby release, indemnify and hold harmless *Primordial Alchemist, Inc.* Its officers and members of this class from any and all claims, demands, personal injuries, costs or expenses arising out of my participation in this program. I understand the nature and extent of the exercises in which I am participating and that while performing those exercises, I could sustain bodily injury.

I agree and understand that Max and his team may adjust my body with their hands at certain times throughout the class and I allow them to do so. I am nevertheless voluntarily agreeing to participate in the exercise program and perform those exercises conducted by the instructor and Primordial Alchemist, Inc. members.

All right to the methods taught to me by Max Christensen are reserved. I understand that I will not teach or have practice groups unless I have written permission by Primordial Alchemist, Inc. I understand that no video or cell phone recording, or photography is allowed. No part of the methods may be reproduced in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without a written permission from Max Christensen.

I understand that I would not be accepted in this program without the execution of this Release. I have read this Release and been given the opportunity to ask any questions. I have received and understand the information provided.

This release shall be binding upon my heirs and personal representatives.

Home Address:

Legal Name, Print Clearly

E_MAIL

Signature

Date

NO RECORDING, NO VIDEO OR CELL PHONE RECORDING, AND NO PHOTOGRAPHY