

**Waiver and Release Memorandum**

This form acknowledges that I have signed up for an **“ayurvedic health and well-being”** consultation with AdiShakti LLC and its educational consultant, Vaidya Rama Kant Mishra.

I acknowledge that this consultation does not undertake to diagnose or prescribe for any disease, illness, or injury. No medical treatment will be offered or given. I understand that the ayurvedic practitioner/consultant reserves the right to discontinue a registrant’s privileges at his sole discretion. In such cases, the consultation fee that has been paid in full or in part will be refunded. No other expenses that may have been incurred in this context, such as transportation, accommodation, etc. are subject to reimbursement.

The educational material of the consultation may include recommendations and/or guidelines for diet and lifestyle changes and specific herbal formulations. These guidelines are considered intrinsic to the ayurvedic body of knowledge and are not meant to be used to treat, cure, or diagnose any identified illness or disease.

I HAVE READ and I understand the foregoing memorandum, which outlines the scope of the consultation I have signed up for. I specifically understand that the consultation is NOT offered by a licensed medical doctor of physician, and that it will not cover the discussion of medical treatments of any kind. Neither the information nor the products recommended (when any) are intended to treat, mitigate, cure, or prevent any disease. All information provided will be for the sole purpose of imparting education on Ayurved and the ayurvedic protocol of Transdermal Marma System™ therapy as designed by Vaidya Rama Kant Mishra. I also confirm that neither Vaidya Rama Kant Mishra nor anybody else acting on his behalf has solicited me to register for his consultation. I acknowledge receipt of this memorandum. I hereby release, indemnify, save and hold harmless AdiShakti LLC and its **“ayurvedic health and well-being”** consultant Vaidya Rama Kant Mishra, his company, its owners, directors, officers, employees, agents, assignees, subsidiaries, and licensees, (hereinafter referred to as “Mishra”) from and against any costs, fees, expenses, liabilities, or claims arising from any activity, treatment or therapy with Mishra or from any conduct or activity arising from Mishra’s activities involving myself or any conduct or activity involving any of Mishra’s product line, including but not limited to illness, injury, death, theft, or other liability, regardless of any act or omission from Mishra or his invitees or licensees.

As a material part of the considerations to participate in such activities with Mishra, I hereby assume all risks of injury to persons or damage to property arising from any cause, and I hereby waive all claims against Mishra or his invitees or licensees. I am assuming the risk of all known and unknown claims I may have. In this regard, I waive the benefits of any state or federal or international statute that may allow protection against unknown or unanticipated claims, damages, liabilities, or actions, whether contractual, statutory, or tortuous in nature. Mishra is furthermore not liable for any injury, death, theft, damage, accident, delay or inconvenience in the event that I am damaged or injured regardless of the cause.

By signing this memorandum, I intend it to be a complete and unconditional RELEASE of all liability to the greatest extent allowed by law. If I, or anyone else on my behalf, makes claim against AdiShakti LLC or the consultant, Mishra, I or my estate will INDEMNIFY, SAVE, and HOLD them HARMLESS from any litigation, expense, attorney fees, loss, liability, damage or cost which may occur as a result of such claim to the fullest extent permitted by law. I agree that if any portion of this memorandum is held to be invalid, the balance shall continue in full force and effect.

This “waiver and release memorandum” shall be interpreted according to California la and all disputes arising from this form or from RK Mishra’s activities shall be addressed in the jurisdiction of the Los Angeles county, California, USA.

NAME :

SIGNATURE:

DATE:

STREET ADDRESS:

CITY, ZIP:

E-MAIL:

PHONE NUMBER: