

RELEASE, WAIVER OF LIABILITY

IKIGAI RETREAT: RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

Participant Name: _____

Retreat Dates: [e.g. February 9–19 or February 24–March 5]

Location: San Blas Islands, Panama

Facilitators: Puck Kroonsberg, Luca Vitiello (collectively, "Facilitators")

1. INTRODUCTION

By participating in the Ikigai Retreat and all related activities (the "Activities") — including but not limited to: consultations, coaching sessions, breathwork, yoga, martial arts, swimming, snorkeling, freediving, Tabata, Janzu therapy, group circles, boat travel, and other movement-based practices — I hereby acknowledge and agree to the terms set out in this Release, Waiver of Liability, and Indemnity Agreement.

2. SERVICES & DISCLOSURE

I understand that the Activities are designed to enhance my holistic wellbeing and support personal growth, but **do not replace** medical, psychological, or psychiatric care. The Facilitators are not licensed healthcare providers and do not diagnose or treat medical conditions.

I understand that I am solely responsible for ensuring my physical and emotional readiness to participate, and I will inform the Facilitators of any relevant health conditions before engaging in the Activities.

3. MEDICAL CONTRAINDICATIONS

Certain Activities may involve breath retention, intense emotional release, physical exertion, and water immersion. Therefore, I affirm that I **do not have**, unless cleared in writing by a licensed medical professional and disclosed to the Facilitators:

- Epilepsy
- Cardiovascular disease, heart conditions, or prior stroke
- High blood pressure not controlled by medication
- Severe asthma (unless carrying an inhaler)
- Recent surgery or serious injury
- Pregnancy
- Psychiatric diagnoses such as schizophrenia, bipolar disorder, or active PTSD

- Recent hospitalization for emotional/psychological reasons
- Osteoporosis, glaucoma, or detached retina
- Any condition that might be triggered by breathwork, physical strain, immersion in water, or emotional release

I understand that participation is **at my own risk**, and that I must **take personal responsibility** for managing my boundaries, limits, and wellbeing during the retreat.

4. RISKS ACKNOWLEDGEMENT

I understand that participating in the Ikigai Retreat involves **inherent risks**, including but not limited to:

- Physical injury (e.g. from water sports, movement practices)
- Emotional discomfort or psychological release
- Hyperventilation or dizziness from breathwork
- Allergic reactions, motion sickness, or dehydration
- Injury due to weather, ocean currents, equipment malfunction, or navigation
- Exposure to wildlife or unfamiliar environments
- Lack of immediate medical access on remote islands
- I acknowledge that participation in the retreat involves living on a sailing vessel for the entire duration. I agree to follow all safety directives provided by the Facilitators and crew, to maintain responsible conduct on board, and I acknowledge the specific risks associated with life at sea, including but not limited to: vessel movement in changing sea conditions, confined spaces, and the use of onboard equipment.

I voluntarily assume these risks, and I acknowledge that **my participation is 100% voluntary**.

5. WAIVER OF LIABILITY

By signing this agreement:

- I release and forever discharge the Facilitators, their team, and all involved from any and all liability for injuries, losses, or damages — physical, emotional, or financial — that may arise from my participation.
 - I agree **not to sue** the Facilitators or their affiliates for any incident or injury that may occur, unless due to gross negligence.
 - I understand that this release is **binding upon my heirs, legal representatives, and assigns**.
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6. PERSONAL RESPONSIBILITY

I affirm that:

- I am mentally and physically capable of participating in the Activities.
- I take full responsibility for my own wellbeing.
- I will communicate my needs and boundaries to the facilitators.
- I will seek medical or psychological support as needed before, during, or after the retreat.
- I understand that **group experiences may stir emotional content**, and I will care for myself accordingly.
- I affirm that I have been strongly advised to purchase adequate and comprehensive travel and medical insurance for the entire duration of the retreat, covering medical emergency evacuation, personal injury, and trip cancellation. I understand that the Facilitators do not provide any insurance coverage
- I acknowledge that mutual respect and safe conduct are essential for the success of the retreat. The Facilitators reserve the right to remove, at my sole expense and without any refund, any participant who engages in behavior deemed dangerous, illegal, disrespectful, or disruptive to themselves, other participants, the crew, or the environment.

7. EMERGENCIES & COMMUNICATION

In case of emergency, I authorize the Facilitators to seek emergency treatment on my behalf if I am incapacitated. I understand that **medical resources may be limited** in the San Blas Islands.

8. MEDIA RELEASE

I grant the Facilitators the irrevocable right to use photographs, video, or audio recordings in which I may appear, made during the retreat, for promotional, editorial, advertising, or other purposes related to their business, without any compensation to me. If I do not wish to appear in such materials, I agree to inform the Facilitators explicitly and in writing before the start of the retreat.

9. CONSENT

I confirm that I have read this form in full, understand its contents, and sign it voluntarily.

Signature of Participant: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____