Into Light Waiver Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Home) _____ (Cell) _____

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Concentric Care Inc., a counselling corporation, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Concentric Care Inc., its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Concentric Care Inc., its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

_____ _____

Signature Date

Optional Audio/Video/Testimonial Release Form

Furthermore, I grant permission for testimonials, photographs and video of me to be used to further promote Into Light and other Concentric Care Inc. programs.

_____ _____

Signature Date