



**Camp Reboot with Joe Cross
Joe Cross
Course # 3405-330
July 26-31, 2015**

The Reboot with Joe Cross Retreat is presented solely for informational purposes and is not intended to replace the services of a doctor or other qualified medical professional. You should not use any information or opinions provided in connection with a Reboot with Joe Cross Retreat for diagnosing, treating, curing or preventing any medical or health condition. No such information or opinions are intended to constitute nor should be considered to be medical advice or to serve as a substitute for professional medical advice. The use of any such information or opinions is solely at your own risk.

By attending a Reboot with Joe Cross Retreat, you are participating voluntarily and YOU ASSUME FULL RESPONSIBILITY FOR YOUR HEALTH AND ANY RISKS OF PERSONAL INJURY, INCLUDING DEATH, that may be sustained by you as a result of such participation. BY CONTINUING TO PARTICIPATE IN A REBOOT WITH JOE CROSS RETREAT, YOU HEREBY RELEASE, WAIVE, DISCHARGE AND CONVEYANT NOT TO SUE Joe Cross, Reboot Holdings Pty Ltd and/or Reboot USA, LLC (and any successors-in-interest thereto) and their respective affiliates, directors, officers, members, managers, employees, contractors and agents ("releasees") from all liability to you and your personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore, on account of injury to the person or property or resulting in death, whether caused by the negligence of the releasees or otherwise while you are attending a Reboot with Joe Cross Retreat.

If you think you may have a medical emergency during your Reboot with Joe Cross Retreat, call your doctor or your local emergency number immediately.

Reboots (juice fasts) are not recommended for everyone, and before commencing a Reboot or any other nutritional or dietary regimen, you should consult with your qualified health care provider in order to assess any potential benefits or risks to you with consideration of your personal medical situation.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name: _____

Signature: _____

Date: _____

Please read carefully, sign, and return it by:

Mail:
Omega Institute for Holistic Studies
Attn: Registration Dept
150 Lake Drive
Rhinebeck, NY 12572

Or scan and email:
classapplications@eOmega.org