

MotherQuest Liability

Below are the terms of your involvement in the MotherQuest course:

MotherQuest is my soul gift and my inner world brought to life. It is also my unique and sacred work.

I humbly and clearly ask that you to honour the time and work I have dedicated to MotherQuest and that you do not reproduce, copy, replicate, teach or assume the material techniques, concepts, meditations or workshop format given and presented during MotherQuest, as your own.

Lhamo | Reverend Elizabeth Lotscher

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By attending this course I _____ agree to keep MotherQuest material, notes and lessons confidential and agree not to use this material for my own professional or financial gain.

I also agree that the processes and concepts involved in MotherQuest are the intellectual property (IP) of, and under the copy right to Elizabeth Lotscher and I agree that I will not reproduce copy or assume these techniques and concepts as my own. I also agree not to use MotherQuest material online or on social media in ways that grows my own following and or makes the work appear like my own IP, without acknowledging MotherQuest material as the source of my inspiration.

Sign: _____ Date: _____

LIABILITY

I agree to assume full and complete responsibility for myself during this course and understand that I may choose to not participate in any part of the course if I so choose.

I acknowledge that I participate in the workshop and use the facilities, services and equipment at my own risk and release the facilitator and associates from any claims, demand or liabilities. Neither the facilitator nor her associates shall be liable for any damages, personal injury or mental anguish sustained by me in, on or about any premises used or controlled by the facilitator or her associates. The terms hereof shall constitute a release and assumption of risk by me and all members of my family, including minors accompanying me.

I understand that the workshop may involve physical and non-physical exertion. I warrant that I have no disability, impairment or ailment which would be adversely affected by my participation in the workshop. I will also disclose to the facilitator if I have or have had a mental illness and if I have used or am using psychotropic drugs, hallucinogens or alcoholic consumption of alcohol.

I understand the workshop is not 'therapeutic' and that neither the facilitator nor her associates make any medical claims or representations of cures to me. I agree to keep all that is shared by the other participants as confidential and agree to remember that I am good and smart and treat all participants with loving respect and regard.

I have read and agree to all the above conditions.

Sign: _____ Date: _____