

Longevity 長生學

Liability Waiver Consent Form 法律責任豁免同意書

I understand that I will not be charged for the Longevity adjustment services. I also understand the adjustment performed is not a substitute of medical care and hereby agree to assume full and complete responsibility for personal health and safety for the adjustment services performed on myself, and hereby waive any rights to bring legal action against any sponsors, any organizations, and/or any persons who are associated with the Longevity for any liability, side effects, loss or risk that may occur as a consequence, directly or indirectly, of the applications of the techniques of Longevity.

我明白長生學的調整服務是不收費的。我也明白調整不能代替醫療，並同意承擔因我接受調整服務而對自己的健康和安全完全的責任，特此放棄任何由于直接或間接應用長生學技術而導致的任何責任、副作用、損失或風險，對任何與長生學有關的贊助人和組織，採取法律行動的權利。

I, including my heirs, beneficiaries and agents, undertake to indemnify, defend and hold harmless of Longevity, its officers, agents and members from any and all liability, loss, damage and expenses (including attorney fees) they may suffer as the result of claims, demands, costs or judgments which may be made or instituted against them or any of them by reason of personal injury (including death) to myself arising, directly or indirectly, out of or connected with the applications of the techniques of Longevity.

我，包括我的繼承人，受益人和代理人，承擔賠償和維護長生學，其成員，組織和工作人員免受任何責任，損失，損害和費用（包括律師費），任何可能遭受的索賠，要求，費用或可能作出的判決或起訴他們或其中任何人，由于直接或間接應用長生學技術而對我造成人身傷害（包括死亡）。

I, including my heirs, beneficiaries and agents, agree to provide attorneys to defend against any actions brought or filed against Longevity, its officers, agents and members with respect to the subject of indemnity contained herein, whether such claims or actions are rightfully brought or filed.

我，包括我的繼承人，受益人和代理人，同意提供律師，為長生學組織，其工作人員，代表或其成員，針對任何上述有關訴訟和賠償，進行辯護。

I hereby acknowledge that I have read, understand, agreed and consent with the above terms.

我特此確認，我已閱讀，理解，並同意以上條款。

簽名 Signature: _____

日期 Date: _____

姓名 Name: _____

電子郵件 Email: _____

住址 Address: _____

**** 此同意書以英文版為主，中文版為參考 ****