

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "You") desires to participate in wellness and relaxation activities, including but not limited to the use of spas, saunas, and hot tubs (collectively, the "Activity") provided by Melt House, LLC, DBA Umvelt, a Montana limited liability company with a principal place of business located at 22 S. Grand Ave., Bozeman, Montana 59715 (the "Company"). In exchange for the Company's allowing you to participate in the Activity, you agree to all the terms and conditions set forth in this document (this "Release").

Your Assumption of the Risk

YOU ARE AWARE AND UNDERSTAND THAT THE ACTIVITY IS A POTENTIALLY DANGEROUS ACTIVITY AND INVOLVES THE RISK OF PERSONAL INJURY, PAIN, DEHYDRATION, DIZZINESS, HEAT EXHAUSTION OR HEAT STROKE, CARDIOVASCULAR STRESS, EXACERBATION OF PRE-EXISTING CONDITIONS, INCREASED RISK OF BACTERIAL, FUNGAL, VIRAL, OR PARASITIC INFECTIONS, SUFFERING, TEMPORARY OR PERMANENT DISABILITY, DEATH, PROPERTY DAMAGE, AND/OR FINANCIAL LOSS.

NOTWITHSTANDING THE RISK, YOU ACKNOWLEDGE THAT YOU ARE KNOWINGLY AND VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH AN EXPRESS UNDERSTANDING OF THE DANGER INVOLVED AND AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE ARISING FROM YOUR PARTICIPATION IN THE ACTIVITY.

Your Release of Claims Against the Company

You expressly waive and release any and all claims against the Company, and its managers, employees, agents, affiliates, members, successors, and assigns (collectively, "Releasees"), arising out of your participation in the Activity. You promise not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

Your Consent to Receive Medical Treatment

You consent to receive medical treatment deemed necessary if you are injured or require medical attention during your participation in the Activity. You understand and agree that you are solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. You release, forever discharge, and hold harmless the Company from any claim based on such treatment or other medical services.

Miscellaneous

This Release constitutes the sole and entire agreement of the Company and you with respect to your participation in the Activity. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall

not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on your respective heirs, successors, and assigns. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Montana without giving effect to any choice or conflict of law provision or rule (whether of the State of Montana or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in either the federal courts located in Montana or the state courts located in Gallatin County, Montana, and you consent to the exclusive jurisdiction of such courts.

BY SIGNING THIS DOCUMENT, YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE RECREATIONAL OPPORTUNITY OR FOR INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

BY SIGNING BELOW, YOU FURTHER ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT YOU ARE VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Signed:

Printed Name:

Date: _____