Client Agreement

Ondřej Fránek as Hug Haven

I understand and agree to all of the following:

- 1. I, the client, confirm that I am 18 or older.
- 2. This is a non-sexual service. Both client and practitioner agree not to pursue or encourage sexual arousal. Both parties will remain fully clothed with minimum accepted coverage being shorts to mid thigh and a tank top.
- 3. No exchanging of saliva in any way.
- 4. A current form of state or government issued identification will be requested when we meet in person for the very first time.
- 5. Please shower within 24 hours of the session, be in clean clothes. Fresh breath is appreciated, too. (Your cuddler will do the same!)
- 6. Both parties agree to practice consent and attention to personal boundaries at all times.
- 7. Both parties will communicate to find what is mutually comfortable throughout each session. This applies to all communication prior to and after sessions as well.
- 8. Both parties agree to be free from any mind altering substances during the sessions and thereby fully present and able to give consent.
- 9. No specific information regarding the client will ever be shared with another party outside of what is outlined in this agreement unless I, as the client, give written or e-mail permission.
- 10. Any photos or video recording must be discussed and consented to by both parties before the session begins. Both parties agree not to post any photos or videos without mutual written or e-mail consent.
- 11. Either party may end the session at any time with no refund given.
- 12. Hug Haven reserves the right to refuse service to anyone.
- 13. I agree not to bring valuables or anything that could be used as a weapon into the practitioner's environment.
- 14. To the best of my knowledge I am free and clear of colds and other communicable diseases that are transferable to others through normal session interactions. I agree to fully disclose any diagnoses or conditions that may affect my session to the practitioner.
- 15. Any appointment canceled within 24 hours of the appointment will be non-refundable.

I recognize that this is a contract. I have read it carefully and agree to all included statements. I sign it of my own free will.

By signing below I am indicating that all the information on this form is true and accurate to the best of my knowledge.

Signature:	Date:	
Printed Name:		_

Notice, Waiver and Release of Liability

Ondřej Fránek as Hug Haven

Please read carefully.

Hug Haven and its representatives and practitioners will not be held responsible for any property loss that may occur, or for any injuries that may result from a session. I hereby release the company and its representatives and practitioners from any and all liability for such incidents.

I, "Participant," understand that participation in the activity described as professional cuddling sessions (hereinafter "Activity") is completely voluntary and at my own risk. I make this release and waiver in consideration of being permitted to participate in such Activity. By signing this waiver, I agree to assume full responsibility for any injury or injuries, both physical and mental, death, loss, or damage that I may sustain in the Activity AND I WAIVE ANY AND ALL LIABILITY AND ANY RIGHT OF ACTION, WHETHER LEGAL, EQUITABLE OR IN ANY OTHER FORM, AGAINST RELEASED PARTIES (DEFINED BELOW).

I am aware that there are risks involved with my participation in the Activity that could result in injury to me requiring medical attention, death, or property damage or any other loss and I HEREBY FOREVER RELEASE AND HOLD HARMLESS all others, including but not limited to, Ondrej Franek, Hug Haven, Susanna Fránek, Jean Franzblau and Jean Franzblau Consulting, LLC DBA Cuddle Sanctuary, ALONG WITH any agents, representatives, employees, officers, or directors thereof; any of the facilitators and/or professional cuddlers participating in the Activity and any agents, representatives, employees, officers, or directors thereof (TOGETHER, THE "RELEASED PARTIES"); from any liability for any and all damages whatsoever. I understand that this waiver will be used against me and anyone else claiming damages, losses or liability against ANY RELEASED PARTIES.

This release and waiver agreement shall be interpreted under California law and venue for any legal action arising from the Activity shall be in Los Angeles County, California.

I have personally read and understand this document.

Signature:	Date:
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Printed Name:	