

Retreat Liability Waiver

Name:		DOB:		
Address:				
City/State/Zip:	none #:			
Describe any injuries/conditions you might ha	ve (use back, i	f necessary):	_	
Would you like to receive our monthly email no		 YES	NO	Alread y
would you like to receive our montiny email in	ewsietters:	TES	NO	Receive
Email Address (kept confidential):				
Payment will be made via:	CHECK	VENMO/GOOGLEWALLET		CASH
Credit card #, exp date & billing zip code:				

Retreat Questionnaire

- 1. How long have you been practicing yoga and what kind of yoga do you practice?
- 2. Please list the studios and teachers you currently practice at and with.
- 3. If you listed injuries above, are any of them a concern by your doctor or yourself in the context of a vinyasa yoga practice, hot yoga practice, massage (assuming you make a massage appt), or any other physical exercise/activity? Please feel free to write more separately.
- 4. In our effort to keep you safe, relaxed and enjoying the most out the yoga retreat, are there any other medical conditions that we should know about?

Agreement of Release and Waiver of Liability

I, (print name)	, ł	hereby	agree to	the follow	wing:
/u /		2	\mathcal{O}		\mathcal{O}

- 1. That I am participating in the Yoga Retreat offered by Namaste Anywhere, LLC, Hayden Goldberg, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Retreat. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the Yoga Retreat.
- 3. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know I am participating in this Yoga Retreat. I assert that I am of fit health to participate in the Yoga Retreat and will alert all Yoga Teachers whose sessions I participate in that I am pregnant.
- 4. In consideration of being permitted to participate in the Yoga Retreat, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the retreat, including any and all activities done with the Yoga Retreat group, or as an individual at the hosting resort.
- 5. In further consideration of being permitted to participate in the Yoga Retreat, I knowingly, voluntarily and expressly waive any claim I may have against Namaste Anywhere, LLC, its staff, Hayden Goldberg and the hosting resort and its staff for injury or damages that I may sustain as a result of participating in the retreat. I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Namaste Anywhere, LLC, its staff, Hayden Goldberg, and the hosting resort and its staff for any injury or death caused by their negligence or other acts.
- 6. CANCELLATION POLICY I understand that \$500 of the registration fee is non-refundable. Further, should participant cancellation occur within 30 days of the event for any reason, I forfeit all fees. Should participant cancellation occur within 60 days of the event for whatever reason, only 50% of the total fee is refundable, less the \$500 registration fee. Should the event be canceled by Namaste Anywhere, all fees will be refunded back to participant.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree and confirm being invited to consult legal counsel before signing below.

Signature of Participant / Parent or Guardian (if under 18)

Date