



Lucky Elephant
Yoga and Wellness

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Retreat Registration Form

Retreat Attending/Dates _____

Full Name (Please Print) _____

Address _____ Birthdate _____

City/Zip _____ Phone Number _____

Email Address _____

Emergency Contact Name _____ Phone Number _____

Emergency Contact Relationship to you _____

Do you have any injuries or limitations the teacher should know about? _____

Do you have any dietary restrictions / limitations / allergies? _____

Have you ever practiced yoga before? What styles? _____

Have you practiced with Bridget Rawls Peterson? If yes, where? _____

Do you practice other forms of exercise? If so, what? _____

Do you currently receive other forms of wellness treatments? If so, what and how often? _____

What are your hopes/goals for this retreat? _____

Are you attending this retreat with another person? _____

Any other relevant information for Bridget? _____

• **Participant Release of Liability** **(Initial in box)**

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand it is my responsibility to inform the instructor of any limitations before Activity begins. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the Physical Activities offered with instructors through Lucky Elephant Yoga and Wellness. I also affirm that I alone am responsible to decide whether to participate in activities and at what level of participation is at my own risk.

I understand that this Retreat includes participation in strenuous physical activities including, but not limited to, yoga, walking, jogging, running and possible various programs offered by Lucky Elephant Yoga and Wellness. I understand the Physical Activities of this retreat may involve the inherent risk of physical injuries or other damages, , including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in the Physical Activities. I assume responsibility for all risks associated with the Physical Activities I choose to participate in. I agree to seek competent medical or other professional advice, regarding any concerns or questions involved with the ability to take part in the Physical Activities.

• **Travel Release of Liability** **(Initial in box)**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue Lucky Elephant Yoga and Wellness and their employees, officers, directors, volunteers and agents (collectively "LEYW") from any and all claims, including claims of LEYW's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold LEYW harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If LEYW incurs any of these types of expenses, I agree to reimburse LEYW. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

• **Participant Release of Liability** **(Initial in box)**

Limitation of Liability and Full Release of Lucky Elephant Yoga and Wellness: I agree to fully release Lucky Elephant Yoga and Wellness, its owners, employees, any related entities or other authorized agents, including independent contractors from any and all liability, claims and/or litigation or other actions that I may have for injuries, disability or death or other damages of any kind, including but not limited to, direct, special, incidental, indirect, punitive or consequential damages, whether arising in tort, contract, breach of warranty or arising out of participation in the Services, including, but not

limited to the Physical Activities, even if caused by the negligence or fault of Lucky Elephant Yoga and Wellness, its owners, employees, any related entities or other authorized agents, including independent contractors. PC is urged to have this Agreement reviewed by an attorney before signing.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing LEYW from all liability, (b) promising not to sue LEYW, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Please practice mindfully and enjoy the many benefits of practicing yoga!

Print name: _____

Signature: _____ Date Signed: _____/_____/_____

- **Payment Information:**

Amount to be paid:

_____ \$1900 Full Registration

_____ \$500 Registration Deposit (by September 15, 2019)

_____ \$700 2nd Deposit (Payment Plan) (by October 15, 2019)

_____ \$700 3rd Deposit (Payment Plan) (by November 15, 2019)

- **Refund Policy:**

Total payment must be received by November 15, 2019.

Total refund: Any Cancellation requests must be received in formal writing on or before November 1, 2019.

Cancellations before December 15, 2019: 50% of money paid transferrable to another retreat date.

No refunds given after January 1, 2020.

I understand the payment and refund policy.

(Initial in box)