

Connect Retreat Waver Release

General Waiver:

I recognize that there are inherent risks involved in outdoor and recreational activities at the retreat. I hereby release and hold harmless, Connect retreat and its directors ,trustees,officres, employees, agents and volunteers; connect retreat members , property owner of the retreat upon which the retreat is conducted from any and all liability for injuries, including those resulting in death, and/or illnesses incurred while participating or attending the retreat . By signing this document. The participant confirms that he or she has that authority to sign, has read the entire document, and had understanding that the document waives certain rights of the retreat participant.

Photo Release:

The undersigned authorizes the use and display of any photographs or images of the participant taken while engaged in activities at the retreat in any publication, multimedia production, social media, display, advertisement or other publication. The undersigned releases and forever discharges connect retreat as well as their agents, officers, volunteers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images/videos.

Insurance Claims:

I understand that neither Connect Retreat nor retreat organizers, managers, teachers are obliged to provide medical or hospital insurance for participating in activities with the retreat.

Medical Treatment Authorization:

I further understand that ,in the event that the participant requires medical , dental treatment while engaged in activities at connect Retreat and is physically unable to express consent and give permission to any director, trustee ,officer ,employee , agent or volunteer acting on behalf of Connect Retreat as agent for me, to consent to any X-ray examination; Injections; anesthesia ;medical I ;dental or surgical diagnosis and treatment ;and hospital care and treatment advised by a physician; surgeon, or dentist (as appropriate)licensed to practice under the law of the state where the services are rendered, either as an outpatient or in any hospital.

Refund Request :

I understand all sales are considered final 10 days from date of sale. Should I request a refund on or before 10 days from the date of sale. I will supply written notice of said request (email with follow up phone call is acceptable) to vaidlalita@gmail.com.

Name : _____ Signature: _____ Date : _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Food Allergies/Sensitivities/Diet Preference
