Full Name _____ Phone: _____

Address _____

City _____ State _____ Postal Code_____

Emergency Contact Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Health and Dietary Information

- Do you have any allergies we should be made aware of? _____
- Do you have any food intolerances ? _____
- Do you need any accommodations for the weekend ? _____
- Is there anything else you feel we should know to make your retreat a success? _____

Payment Information $595.00

Payment link and QR code for credit cards
https://buy.stripe.com/8wM01KgmS4Sl4BG001

Scan to pay

For **E-transfers** please send to rwaycare@gmail.com

Participation Agreement

We are so honored to share this space with you. To help create a nurturing, respectful, and joy-filled experience for everyone, we invite you to review and agree to the following:

1. Participation and Self-Responsibility
I understand that all retreat activities–including yoga, meditation, movement, workshops, and spirit work are optional and that I am encouraged to participate in a way that feels right for me. I take personal responsibility for my physical, emotional, and mental well-being throughout the retreat. I release and hold harmless The Bliss Project 2025 organizers, facilitators, volunteers, and venue owners from any liability for injury, illness, or loss. I understand that this retreat is designed for personal growth and education and is not a substitute for professional medical or therapeutic care.

2. Media and Photo Consent
I understand that photographs and videos may be taken to capture the spirit of the weekend. I give permission for images of me to be used in future Bliss Project promotional materials, social media, and other related platforms.
(If I prefer not to be photographed, I will kindly let the organizers know when I arrive.)

3. Confidentiality and Community Care
I honor the sacredness of this community and commit to keeping anything shared by others during the retreat confidential. I recognize that healing happens in spaces of safety, trust, and respect, and I will do my part to contribute to that environment.

By signing below, I lovingly affirm that I have read and understand this agreement. I am choosing to participate with an open heart, mindful presence, and deep respect for myself and this community.

_____ _____

Signature **Date**

Waycare ACADEMY