**A person's face with smoke

Description automatically generated**

**Sleep Workshop Registration**

In consideration of the services provided and/or any benefits that I may acquire, educational or otherwise, arising out of the workshop activities in which I intend to participate, I hereby release and forever discharge Higher Ground Wellness Retreat, the facilitator, Gordana Boskovic, her agents, representatives and employees, and their successors from all claims and demands whatsoever, which I, my heirs, executors, administrators and assigns have, or may have, against them by reason of any injury of any nature whatsoever which I might suffer as a result of such activities. I hereby expressly declare that any such activities are entered into by me voluntarily in an effort to increase my knowledge of the subjects under investigation.

I have read, understand, and agree to the above.

                                                                                                                          Participants Signature Date

Workshop Name: Sleep

Date: February 24, 2024

Name                                                                     \_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City                                    Prov./State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country                      Postal Code

Phone E-mail \_

Tuition: $129.00 Cash **\_\_\_\_**

e-transfer (send to: [gordanab@shaw.ca](mailto:gordanab@shaw.ca)) **\_\_\_\_** Online payment: **\_\_\_\_**

Please list any food sensitivities, allergies or concerns regarding the meals to be provided:

Higher Ground Wellness Retreat ֍ 275 Dan’s Road, Nanaimo BC, Canada V9X 1E3 ֍ 250 751 9440 ֍ [info@highergroundwellnessretreat.com](mailto:info@highergroundwellnessretreat.com) ֍ www.highergroundwellnessretreat.com