



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)

Online payment:

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