THE ART OF *Allowing*

PARTICIPANT REGISTRATION FORM

October 2–4, 2026 • St. Raphaela Retreat Center • Haverford, PA

Check-In: Friday, 4:00 p.m. • Check-Out: Sunday, 12:00 p.m.

Retreat Investment: $540 per person

Private & Double Room Lodging • All Meals Included

A non-refundable deposit is required to reserve your space.

Dr. Elise Murphy,
Licensed Acupuncturist

1. PARTICIPANT INFORMATION

Name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

2. LODGING PREFERENCE

☐ Private Room ☐ Double Room

Roommate Preference (if applicable): _____

3. PAYMENT INFORMATION

☐ Cash ☐ Check ☐ Venmo (@Elise-Murphy-20)

☐ Credit Card (Square)

Amount Enclosed: $_____

Balance Due: $_____

Square Payment Link:
https://square.link/u/9NxNQOvH?src=sheet

Venmo: @Elise-Murphy-20

CREDIT CARD PAYMENT
For your security, we encourage you to pay by credit card using our secure Square link above. Please do not write credit card information on this form.

4. EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

5. LIABILITY WAIVER & AGREEMENT

I understand that participation in The Art of Allowing Retreat is voluntary and that I am responsible for my own physical, emotional, mental, and spiritual well-being. I release and hold harmless Dr. Elise Murphy, Blissful Healing Arts & Wellness, St. Raphaela Retreat Center, facilitators, staff, and affiliates from any liability, claims, demands, actions, or causes of action arising from my participation in this retreat, including any injury, loss, damage, illness, or other unforeseen circumstance that may occur.

I understand that the information and practices presented during this retreat are intended for educational, personal growth, and wellness purposes only and are not a substitute for professional medical, psychological, legal, or financial advice.

I acknowledge that all deposits and payments are non-refundable. By signing below, I agree to the terms of this waiver and registration agreement.

Participant Signature: _____

Printed Name: _____

Date: _____

6. MAIL REGISTRATION & PAYMENT TO

Dr. Elise Murphy, Licensed Acupuncturist
21 Eastern Avenue
Bel Air, Maryland 21014

443-616-3372

blissfulwellness111@gmail.com

Venmo: @Elise-Murphy-20

Square Credit Card Payment:
https://square.link/u/9NxNQOvH?src=sheet

Thank you for joining us on this beautiful journey of self-healing and transformation.