

# Yoga + Adventure Retreat Registration Form

**Print and complete** this *Registration Form & Release of Liability Form*

**Email, mail, or deliver** completed form to Kristen Addicks, 185 Caribe Isle, Novato, CA 94949

## Registration Information:

DATES OF TRIP \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (for medical insurance purposes)

Any Known Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_ Yoga Experience: \_\_\_\_\_

Yoga Requests: \_\_\_\_\_

## Flight Information: (or just forward your itinerary to me)

Arrival Airline: \_\_\_\_\_ #: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure Airline: \_\_\_\_\_ #: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK, AND AGREEMENT TO PAY CLAIMS**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, successors, and representatives, I **release from all liability and promise not to sue** Kristen Addicks, and her employees, volunteers, or agents from or for any and all claims, **including claims of negligence or defective equipment**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or another's actions, inaction, or negligence, conditions related to travel, or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from, and during the Activity.**

I agree to **hold harmless Kristen Addicks, and her employees, volunteers, or agents** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from, and during the Activity. If **Kristen Addicks, and her employees, volunteers, or agents** incur any of these types of expenses, I agree to indemnify and reimburse **Kristen Addicks, and her employees, volunteers, or agents.**

I certify that I am physically fit, have sufficiently prepared or trained for participation in this Activity, and that no medical professional has advised me not to participate in this Activity. I certify that I know of no health-related reasons or problems which preclude my participation in this Activity. I agree that if I need medical treatment during the course of the Activity **Kristen Addicks, and her employees, volunteers, or agents** may authorize such treatment on my behalf; I consent to such treatment; and I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance coverage and ensure that it will be effective in the Activity's location.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing Kristen Addicks, and her employees, volunteers, or agents from all liability, (b) promising not to sue Kristen Addicks, and her employees, volunteers, or agents, and (c) assuming all risks of participating in this Activity, including travel to, from, and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

**No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_