

home · heart · health

Renew & Reconnect Retreat Registration Form

Retreat Dates: 27-29 April 2018

Retreat Location: Jacks Corner Retreat Jacks Corner Road Kangaroo Valley

Your Name: _____

Male / **Female**

Address: _____

Date of Birth: _____

Email: _____

Occupation: _____

Phone: _____

Mobile: _____

Emergency Contact Name & Contact details including telephone number:

*The following points allow us to make the most of your retreat experience.
All information is strictly confidential.*

- Please give detail of any food allergies or dietary restrictions:

- Please give detail of any medical history and current medication:

- Please give detail of any recent or past injuries:

- Arrival at the retreat is from 3pm Friday 27th April and departure by 3pm Sunday 29th April.
For planning purposes, your approximate timings will help. You can change these at any time.

Retreat Cost:

\$695 – based on quad share*

\$725 – based on twin share*

**We will do our best to meet your preference but cannot guarantee. Thanks for your understanding.*

Deposit of \$200 secures your retreat attendance. Full payment to be made by 31st March 2018.

Massage (Optional extra / Pre-booking essential / Spaces limited*) \$120

Yes, please / No, thanks

**We will do our best to meet your preference but cannot guarantee. Thanks for your understanding.*

Refund Policy:

Payments are non-refundable. Cancellation made prior to final payment may, however, be transferred to the next scheduled retreat.

Disclaimer:

Yoga, meditation and other mindful and energetic practice are founded on the development of self-awareness, including for each individual practitioner, an awareness of his or her own physical and mental capabilities and limitations, and the rate at which those limitations can be gradually overcome through practice.

It is essential that students retain full responsibility for their own physical well-being in applying instructions in the practice of yoga, meditation, mindful and energetic practice to their own circumstances, both during and outside retreat classes. This retreat provides instructions to retreat attendees in the practice of yoga, meditation, mindful and energetic practice strictly on that basis.

The retreat and its facilitators will not accept liability for any injury or loss suffered by retreat attendees in their practice, whether during or outside retreat classes.

I accept responsibility for informing the retreat facilitators about any medical conditions, injuries, pregnancy or changes to my health that may affect my practice, prior to each retreat class commencing. I understand that I participate in yoga, meditation, mindful and energetic practice at my own risk and accept full responsibility for any loss or injury suffered.

The retreat facilitators will not accept liability for any damages or loss that may arise out of a retreat cancellation.

I understand and accept the above Refund Policy and Disclaimer.

Your Name: _____

Your Signature (insert name again if via email): _____

Date: _____

~ Return your completed form to shelley@homehearthealth.com.au ~
~ A deposit of \$200 is now payable to secure your retreat attendance
~ Thank You!

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|--|------------------------|---------------------------|--------------------------------------|
| Account: Michelle L Phillips | BSB: 032-102 | Account: 036422 | Reference: Your name/Apr18 |
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