

Yoga Retreat : Registration & Release Form

Note: You may pay by check or Paypal (check preferred) but either way we need you to send this signed registration form as well - thank you!

Which Retreat and Date is this registration for? _____

Where did you hear about this retreat: _____

Name: _____ Birthdate _____

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ Email _____

Emergency name / Number : _____ / _____

Payment amount: _____ How sent (Check or Paypal): _____ Balance : _____

*\$300 deposit (\$100 for Washington Retreats), balance due 60 days prior to trip. **Note:** Deposit is nonrefundable. 2/3 of other payment may be refunded if you cancel > 45 days prior to trip, 1/2 refund if cancel 30 - 45 days prior to trip, 1/3 refund 15-30 days prior to trip. Possible other restrictions may apply, for example, your nontransferable flight may need to count towards your refund, if I purchased it.*

For the following, use scale of 1-10, **10 being highest level, or interest:**

Please indicate your **experience** or **level** (1-10): Yoga _____ Meditation: _____

Please indicate your **interest** in the following (1-10):

Yoga: _____ Meditation: _____ Hiking: _____ Growth Workshops: _____

Diet restrictions / preferences / allergies (vegetarian, vegan, wheat, etc.) :

Health / Medical condition we should know about :

Other (non-food) requests or preferences:

Anything else you would like us to know: _____

What is your passion? _____

What is your line of work? _____

Release Form: I am solely responsible for my health and safety, and will not hold retreat leaders responsible for any loss, injuries, or illness that may occur. I will do my best to consider the interests of the group, but I also know that I may participate in as many or as few of the activities as I like. Please note: To insure a safe and sacred a space, we do not allow alcohol at the retreat center itself. There are often offsite opportunities for moderate, mindful drinking. Thank you for understanding and agreeing.

Signed: _____ Date: _____

Roy Holman (425) 303-8150
www.HolmanHealthConnections.com

Holmanhealth@gmail.com
Payments & Registration to:

Roy Holman, 1917 Rockefeller Ave, Everett, WA 98201