



Fabulous RETREATS

DAY RETREAT BOOKING AND WAIVER FORM

Personal Information:

Name: _____ Mobile: _____

Email: _____ Address _____

Emergency contact details:

Name: _____ Relation: _____

Phone number: _____

Dietary and Medical information:

Do you have any food allergies or dietary requirements? Please list all.

Do you have any current or previous Injuries? Please state all.

Do you have any other health/medical conditions? Please list all.

Are you pregnant? If yes, how many weeks?

WAIVER & RELEASE OF LIABILITY

Agreement of Release and Waiver of Liability

I, (name) _____, hereby agree to the following:

I am participating in the retreat offered by Fabulous Retreats, during which I will receive information and instruction in Yoga, Meditation, Pilates, Dance, and other movement classes, swimming (if you choose), canoeing and bushwalking on uneven terrain. I recognise that these activities require physical exertion. I am fully aware of the risks and hazards involved and take full responsibility for myself during all activities and free time. I understand that Fabulous Retreats and staff will take all care, but shall not be held liable for any injuries incurred during the retreat.

I understand that if I am pregnant, that I am of fit health to participate in the Retreat and will alert all teachers whose sessions I participate in that I am pregnant as well as noting it on my booking form. It is recommended that you consult your doctor of pregnant and have them sign off that activities are safe for you.

In consideration of being permitted to participate at Fabulous Retreats, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation. This includes any travel and any or all activities done with Fabulous Retreats, or as an individual at the accommodation and facilities provided.

I have read the above release and waiver of liability and fully understand its contents.

I acknowledge that I have had ample opportunity before signing this Form to get independent legal advice.

Signature of Participant Date