



YOGA & MEDITATION RETREAT

Carson, New Mexico ~ June 6-11 2017

RETREAT PARTICIPANT

Name:

Address:

Phone:

Email:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

REGISTRATION AGREEMENT

This is an agreement, (Contract), between Bridge Therapy Center, LLC (Retreat Host), and _____ (Participant) to peacefully and harmoniously coexist on a Yoga & Meditation Retreat at Vista Verde Retreat, LLC, #5 & #25 North Road in Carson, New Mexico.

ITINERARY: Arrival/Check in: 3pm Tuesday, 6/6/17 - Departure: 9am Sunday, 6/11/17 (5 nights).

RETREAT INCLUDES: The retreat fees include lodging and linens for five nights for the dates listed above. Meals included are five breakfasts, two lunches and five dinners prepared in the Main House kitchen of Vista Verde Retreat, LLC. Meditation instruction and practice, yoga asana and yoga nidra sessions will be guided by Retreat Host daily. Retreat may include special guests for presentations, crafts and/or performances. Excursions and activities include guided meditation hikes, mala making supplies and instruction, and one day at Ojo Caliente Hot Springs. I understand that Ojo Caliente will have their own waiver and policies.

The retreat fee does not include the costs of transportation to and from Vista Verde Retreat, LLC, optional bodywork/massage, clairvoyant sessions or any additional purchases of food or merchandise during excursions.

Participant Initials _____

RESPONSIBILITIES OF PARTICIPANT: I, _____,
understand that the Retreat Host does not own or operate any entity which provides, or is to provide, goods or services for the retreat including, for example, lodging facilities, transportation companies, food service providers, etc. As a result, Retreat Host is not liable for any negligent or willful act or failure to act of any such third person, or of any other third party.

- I acknowledge that I have voluntarily applied to participate in this Yoga & Meditation Retreat at Vista Verde Retreat, LLC in Carson, New Mexico, which will take place during the dates June 6-11, 2017 inclusive. I am voluntarily participating in this trip with the knowledge of the risks and dangers involved including but not limited to: practicing yoga, meditation, hiking, hot springs, high altitude, forces of nature, wildlife; transportation failures whether by plane, bus, by foot, or by any other conveyance; risks associated with food or impure water; civil unrest; terrorism; criminal activity; accident or illness without access to means of rapid evacuation or availability of medical supplies or services; the adequacy of medical attention once provided; and stolen, lost, or misplaced luggage or property.
- If I am under the care of a psychologist, psychiatrist or doctor for any mental health or physical illness or diagnosis I have consented with them and have received their approval for my attendance at the retreat events and hot springs.
- The block of rooms and all occupants must be registered attendees of the retreat and be paid in full by April 21, 2017. I understand that if I wish to stay solo in a room I must request this with the Retreat Host. I understand there is no guarantee of single occupancy and that all accommodations include shared bathrooms.
- I acknowledge that any known food allergies, sensitivities and/or restrictions must be communicated to Retreat Host and accompany payment of retreat deposit.
- I understand that if I arrive late or leave early that there aren't any make-up sessions or refunds.

Participant Initials _____

AUDIO VISUAL RELEASE AGREEMENT

I hereby grant Bridge Therapy Center, LLC and their respective employees and agents the right to take, use and reproduce images in photo or video form captured during the retreat dates of June 6-11, 2017. I agree that Bridge Therapy Center, LLC owns the images and audio and rights to release them. The images and audio may be used in a manner of media marketing without notifying me. Marketing may include but not limited to digital media, brochures and flyers. I waive the right to inspect or approve the finished version(s) of any marketing collateral including written copy that may be created in connection therewith, or to be compensated for them.

I understand that the photos and video will be used in a peaceful way to promote and expand upon yoga and meditation practices. I have read this document and am fully aware of the content.

Participant Initials _____

FINANCIAL AGREEMENT

RETREAT FEES AND DEPOSIT POLICY: The total fee and deposit for the retreat is based upon selection of accommodations. A non-refundable and non-transferable check or cash deposit is due along with this completed agreement to secure placement. A deposit discount is given to anyone who completes their registration by February 1, 2017. The remaining balance is due by April 21, 2017. Checks are made payable to Bridge Therapy Center, LLC and mailed to 10566 Robb Dr. Westminster, CO 80021.

In the case that the Retreat Host or Vista Verde Retreat, LLC has to cancel the retreat for any reason all monies will be refunded back to the Participant.

Please mark accommodation option that has been confirmed by Retreat Host for availability.

TENT SITE

Deposit of \$265 if received by February 1, 2017 - Remaining Balance: \$400

Deposit of \$325 if received after February 1, 2017 - Remaining Balance: \$400

ROOM

Deposit of \$300 if received by February 1, 2017 - Remaining Balance: \$700

Deposit of \$400 if received after February 1, 2017 - Remaining Balance: \$700

• I understand that if registration and payment is not finalized by April 21, 2017 as Participant I relinquish my space and surrender all previously processed payments.

• I acknowledge that my deposit is non-refundable under any circumstances.

• I recognize that should I need to cancel my retreat participation, I forfeit my deposit and Retreat Host will determine any potential refund on a case by case basis.

Participant Initials _____

ACKNOWLEDGMENT

I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE AND ACCEPT ANY AND ALL RISKS OF DELAY, UNANTICIPATED EVENTS, INCONVENIENCE, ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH. I hereby RELEASE AND DISCHARGE FOREVER, Bridge Therapy Center, LLC FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TRIP. I agree that this release shall be legally binding upon me personally, all members of my family, successors, assigns, and legal representatives, it being my intention fully to assume all the risks associated with this trip and to release Bridge Therapy Center, LLC from any and all liabilities to the maximum extent permitted by law.

I have carefully read and fully understand the contents and legal ramifications of this Agreement.

Signature: _____ Date: _____

Bridge Therapy Center, LLC 10566 Robb Dr. Westminster, CO 80021 BridgeMassage.com ~ 720.440.3344 ~ Irene.YogaPolarity@gmail.com
