

Women's Retreat

Autumn Renewal

October 21-24, 2016

The Lodge at Oak Creek Ranch, Santa Margarita, CA

OakCreekLodge.com

Registration Form

Please fill out a separate registration form for each participant

DATE _____ NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ OCCUPATION _____

EMERGENCY CONTACT _____

STRESS LEVEL _____ WHAT IS YOUR PRESENT STATE OF GENERAL HEALTH? _____

ARE YOU PRESENTLY TAKING ANY MEDICATION? (Please list)

PHYSICIAN NAME _____ PHYSICIAN PHONE _____

DO YOU HAVE DIETARY RESTRICTIONS? _____

FOOD/OTHER ALLERGIES _____

FAVORITE FOODS _____

PHYSICAL HEALTH HISTORY

If you have been on a retreat with us in the past 6 months and nothing has changed, skip this part.

DO YOU OR HAVE YOU HAD: (IN PAST YEAR)	YES	NO	IF YES (PLEASE EXPLAIN)
A HISTORY OF HEART PROBLEMS	_____	_____	_____
HIGH/LOW BLOOD PRESSURE	_____	_____	_____
OSTEOPOROSIS OR OSTEOPENIA	_____	_____	_____
A CHRONIC ILLNESS	_____	_____	_____
MUSCLE, JOINT, OR BACK DISORDER	_____	_____	_____
RECENT SURGERY (WITHIN 6 MONTHS)	_____	_____	_____
HISTORY OF LUNG PROBLEMS	_____	_____	_____
DIABETES	_____	_____	_____
HIGH BLOOD CHOLESTEROL	_____	_____	_____
BROKEN/DISLOCATED BONES	_____	_____	_____
MUSCLE STRAIN/SPRAIN	_____	_____	_____
ARTHRITIS, BURSITIS	_____	_____	_____
DISC PROBLEM	_____	_____	_____
SCOLIOSIS	_____	_____	_____
ASTHMA/SHORTNESS OF BREATH	_____	_____	_____
NUMBNESS/TINGLING ANYWHERE	_____	_____	_____
CANCER	_____	_____	_____
FEMALE ISSUES	_____	_____	_____
SURGERIES	_____	_____	_____
SEIZURES	_____	_____	_____
TRAUMATIC BRAIN INJURY	_____	_____	_____
OTHER _____	_____	_____	_____

TERMS AND CONDITIONS

Thank you for choosing Summer Solstice Celebration Retreat brought to you by Maribeth Hammond and Dottie Ricketson, hereafter referred to as **Retreat Planners**. In order for us to provide a professional level of service, the following booking conditions apply. We cannot confirm any reservation until receiving your full payment, a call to select your room and Registration Fee, and a completed registration form. Call with questions: Maribeth at 805-984-2520 or Dottie at 303-263-8653

PLEASE FILL OUT REGISTRATION FORM AND MAIL TO:

Maribeth Hammond
2520 Roosevelt Blvd.
Oxnard, CA 93035

or

Dottie Ricketson
4539 Wellington Rd.
Boulder, CO 80301

PAYMENTS

Deposit of \$300 due by **August 1, 2016**. Final payment of \$395 is due by **September 1 2016**. All payments must be payable in US currency. Checks should be made out to Maribeth Hammond or Dottie Ricketson and drawn on US banks. We do accept Credit Cards as well, with a small additional fee of \$30 per booking. Neither availability nor price is secured until **Retreat Planners** has received payment.

Transportation is the responsibility of the participant and is not included in any pricing. We will be meeting up at The Porch on Main Street in Santa Margarita at 2:00pm on Friday, 10/21/16, and forming a caravan to the property. Please let us know if it is not possible for you to be there by then and we will make necessary arrangements.

Retreat Planners reserve the right to cancel this retreat up until 9/1/16. Should the retreat be canceled by the Retreat Planners, all money will be refunded. If you are flying in, we recommend you wait until 9/1/16 to book your flight in case the Retreat has to be canceled. Please provide us with your itinerary if you are flying.

CANCELLATIONS

All fees are non-refundable. Cancellations will be considered for extreme circumstances, at the discretion of **Retreat Planners**.

REFUNDS

There are absolutely no refunds given for reasons pertaining to weather conditions, natural disasters and/or acts of God. No guarantees or warranties express or implied, are made that the retreat package will meet all of the traveler's expectations.

LIABILITY WAIVER

I, the undersigned, understand that **Retreat Planners** are here to serve me by sharing the knowledge of yoga and health and guided self-discovery. I understand that the practice of yoga is accompanied by a risk of injury. I hereby affirm that **Retreat Planners** has not given me any assurance(s) that the practice of yoga is risk free. I voluntarily and knowingly assume all the risks of my participation in the yoga classes and any related activities of the Full Moon Women's Retreat. I understand and agree that it is my responsibility to determine, and promptly inform **Retreat Planners** if there is any medical reason why I should stop or limit my practice of yoga. I hereby agree to take full responsibility for not exceeding my physical or mental limits while practicing yoga. I hereby agree to hold **Retreat Planners** and / or its entities, sponsors, facilitators, organizers, instructors and / or property owners completely harmless of any and all liability if I sustain any injuries as a result of practicing yoga. I acknowledge that all instruction or suggestions made with regard to exercise are not diagnostic. I also understand that my group coaching experience at The Full Moon Women's Retreat is focused on Joy and Self-Discovery, not counseling or psychotherapy.

This release expressly: 1) covers any allegedly negligent acts / omissions; and 2) waives the provision of the California Civil code, Section 1542, which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him/her must have materially affected his/her statement with the debtor."

I have carefully read, fully understand and agree to the above terms and conditions:

SIGNATURE

DATE