



Soulcious Living Retreat Registration & Consent Form

Maple Valley Retreat Center – April 27th-29th

Full Name: _____ Age: _____
Address: _____

City: _____ Prov.: _____ PC: _____
Phone (H): _____ (C) _____ (W) _____

E-mail address: _____

Do you have previous yoga/fitness experience? Yes _____ No _____
Do you have any current injuries, health conditions or chronic pain that may affect your
comfort/participation during classes? If yes, Please explain.

Please check any conditions that apply:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Chronic Headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Herniated/Bulging Disc	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Hernia	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Hypertension	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Digestive Disorders
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Immune Disorder

Any other health conditions or surgeries you have had that may affect your retreat?

Accommodation Requirements:

Do you have a chosen roommate(s)? YES NO

If Yes – Please Indicate First & Last Name of the Person(s):

Requested Lodging Option: (Bunker, Cabin, Main House ~ **circle one**)

Room Choice: Private/ Shared-Double/ Group Rate ~ 3, 4, 5 ppl ~ **circle one**

See website for details on this: Group Option: Specify how many people are coming together
_____ (2,3,4 or 5)

Pricing Tier Choice: (based on pricing listed on the site) **Example:** *Cabin 3 Friends = Group Rate 3 people - \$440 ea*

\$ _____ /person

Special Meal Requirements:

Do you have any food allergies or special diet restrictions that we need to accommodate?

Surcharge for special dietary requests will also apply

Emergency Contacts:

Print your emergency contacts here:

1. Name: _____
Contact Number: _____ Cell: _____
Relationship: _____
2. Name: _____
Contact Number: _____ Cell: _____
Relationship: _____

Please list 3 things you would like to receive on this retreat:

1. _____
2. _____
3. _____

Retreat Fee: Payable by:

- Cash - to be arranged with Vita
- Cheque - Payable to: Vita Rubino Mail: (39-60 Fittons Road W. Orillia, ON L3V 3T9)
- e-Transfer – vita@thehappinessgoddess.ca
- Credit Card via PayPal (must talk to Vita first and applicable surcharge will apply)

Credit Card # _____
Expiry Date ____ / ____ # ____
Name on Card _____

Includes: All meals & snacks, 2 night's accommodations and ALL activities included (daily yoga & meditation and all soul-sessions and materials + GIFT BAG)

CANCELLATION POLICY: See Refund & Cancellation Policy

*Non refundable after March 31st, unless you fill your spot - All changes must be in writing to vita@thehappinessgoddess.ca *

Consent Waiver

In consideration of the acceptance of this application and the services to be rendered and the facilities to be made available to me by Embrace You / The Happiness Goddess, I, myself, my heirs and any other interested parties hereby release, waive and forever discharge Embrace You / The Happiness Goddess, and all their release respective employees, officers and agents of and from all claims, demands, damages, costs, expenses, actions and causes of actions, whether in law of equity, in respect of death, injury, loss or damage to my person or property, however caused arising prior to, during, or after any test, program assessment, treatment, or attendance at or by Embrace You / The Happiness Goddess, and notwithstanding that any such claim may have been contributed to or occasioned by the negligence of any of the foresaid. The undersigned assumes the risks of participating in these types of events /activities, **that they are fit and that they have a regular medical physician** they can contact regarding any medical problems that they may develop. The undersigned hereby confirms on behalf of Embrace You / The Happiness Goddess that the content of above Waiver was explained to the participant and their parent / guardian and that the participant and their parent or guardian did not have any question in regard thereto.

And there will be no refunds on or after the retreat itself.

Print Name of Registrant _____

Signature: _____

Date: _____

IMPORTANT NOTICE:

PLEASE COMPLETE & EMAIL / MAIL BACK IMMEDIATELY TO ENSURE YOUR SPOT IS RESERVED!

Email: vita@thehappineessgoddess.ca / vita@embraceyou.ca (either one)

Mail to: 39-60 Fittons Road W. Orillia, ON L3V 3T9 w/ cheq enclosed



Office Use Only: Retreat Registration:

Name of Participant:

Name of Roommate / Retreat Companion:

Cost: \$399-\$575

Lodging Option Chosen: Bunkie Cabin Main house Camping

Sleeping Requirement: Private/Single Shared/Double Group Rate: Triple Quad Quin

Early Bird Special: 10% by Feb 15th YES NO

Fee Paid: \$ _____ Date Received: _____

Payment made by:

Cash E-transfer Cheque Cr Card via PayPal

Payment Plan Option:

1st Payment Received Date: _____

Amount \$ _____

2nd Payment Received Date: _____

Amount \$ _____

Surcharge of \$20 applied to last & final Payment due March 31st.

After FEB 15th Regular Payment Amount made by:

Cash E-transfer Cheque Cr Card via PayPal

Payment Amount: _____

Date Received Payment: _____

PayPal Cr Card **Payment Surcharge applied here?
