



## Soulcious Living Retreat ~ Elevate Your Soul

Registration & Consent Form

Maple Valley Retreat Center ~ October 25<sup>th</sup>-27<sup>th</sup>, 2019

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 - \$499 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: \_\_\_\_\_

<p><b>Please list 3 things you would like to receive on this retreat:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
---

**Retreat Fee:** Payable by - EVENTBRITE Registration LINK

- Cash - to be arranged with Vita
- Cheque - Payable to: Vita Rubino Mail: (email FOR ADDRESS)
- e-Transfer – [vita@thehappinessgoddess.ca](mailto:vita@thehappinessgoddess.ca)
- Credit Card via Eventbrite

Credit Card # \_\_\_\_\_  
Expiry Date \_\_\_\_ / \_\_\_\_ # \_ \_ \_  
Name on Card \_\_\_\_\_

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

**CANCELLATION POLICY:** See Refund & Cancellation Policy

\*Non refundable after **August 25th**, unless you fill your spot.

\*All changes must be in writing to [vita@thehappinessgoddess.ca](mailto: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 consent 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 or MAIL BACK IMMEDIATELY TO ENSURE YOUR SPOT IS RESERVED!**

Email: [vita@thehappinegoddess.ca](mailto:vita@thehappinegoddess.ca)

MAIL Option available – please contact Vita for address



## 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% until Aug 15<sup>th</sup> YES NO

Fee Paid: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Payment made by:

Cash  E-transfer  Cheque  Cr Card via PayPal

**Payment Plan Option:**

1<sup>st</sup> Payment Received Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

2<sup>nd</sup> Payment Received Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

\*\*Surcharge of \$20 applied to last & final Payment\*\*  due August 20<sup>st</sup>.

After August 20th 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?  N/A

---