

LINDA WELLNESS WARRIOR RETREAT at
The Aguada Hotel and Restaurant
REGISTRATION FORM

Please complete entire form, and please print legibly

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Describe any injuries/conditions you might have (use back, if necessary): _____

Describe any food or dietary restrictions you might have (use back, if necessary): _____

Would you like to receive our monthly email newsletters? _YES_ NO or _ Already Receive

Email Address (kept confidential): _____

Payment has been or will be made via: Check, Credit Card (online) or Cash

Retreat Questionnaire

1. How long have you been practicing yoga and what kind of yoga do you practice?
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2. Please list the facility, yoga studio and teacher you currently practice at.

3. If you listed injuries above, are any of them a concern by your doctor or yourself in the context of a vinyasa yoga practice, massage (assuming you make a massage appt), or any other physical exercise/activity? Please feel free to write more separately.
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4. In our effort to keep you safe, relaxed and enjoying the most out the yoga retreat, are there any other medical conditions that we should know about?
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LINDA WELLNESS WARRIOR RETREAT AT Rental Property in Belize
REGISTRATION AGREEMENT AND RELEASE AND WAIVER OF LIABILITY

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

1. I am participating in the Yoga Retreat offered by Linda Wellness Warrior ("LWW") and Rental Property in Belize ("Hotel"), during which I will receive information and instruction about yoga and general health (the "Yoga Retreat").
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Retreat. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the Yoga Retreat.
3. I understand that before participating in the Yoga Retreat, I am required to complete this registration form and the attached Physical Activity Readiness Questionnaire. I represent that I am (a) voluntarily participating in the Retreat, (2) in good physical condition, and (3) have consulted a licensed physician, if necessary, to approve my contemplated exercise activities. I understand that if I sustain an injury of any kind during the course of the Retreat I am to immediately notify the Linda Wells. I acknowledge that I have completed all such forms and the information is correct and complete.
4. I understand that there are inherent risks of bodily injury, illness, accidents, death, and property damage and loss involved in physical exercise and yoga, including participation in the Yoga Retreat and use of the Hotel facilities. In consideration of being permitted to participate in the Yoga Retreat, I assume full responsibility for any risks, injuries or damages, known or unknown, which I might sustain as a result of participating in the Yoga Retreat, including any and all activities done with the Yoga Retreat group, or as an individual at Rental Property in Belize.
5. In further consideration of being permitted to participate in the Yoga Retreat, I knowingly, voluntarily and expressly waive and release Linda Wellness Warrior and Rental Property in Belize, and its and their respective owners, affiliates, subsidiaries, employees, officers, directors, contractors and agents (collectively, the "releasees") from any claim, action, suit, demand, liability, injury, illness, loss, death or damage to person or property, expense or judgment, including attorneys' fees and court costs for (collectively "Claims") that I may have hereafter against the releasees arising from or related to my participation in the Yoga Retreat or any other instruction during the Yoga Retreat, or use of the Hotel's facilities, equipment or services, whether caused by the negligence of the releasees, except to the extent caused by the gross negligence or willful misconduct of the releasees. I further agree to indemnify the releasees from any and all Claims arising from or related to any act, illness, injury or damage to person or property caused by me.
6. CANCELLATION POLICY - I understand that \$300 of the registration fee is non-refundable. Further, if I cancel within 25 days of the event for any reason, I forfeit all fees. If I cancel within 50 days of the event for whatever reason, only 50% of the total fee is refundable, less the \$300 registration fee. Should the event be canceled by Linda Wellness Warrior and Rental Property in Belize, all fees less the \$300 registration fee will be refunded back to me.
7. PHOTO RELEASE. I hereby grant permission to LWW, to use, including to display publicly or to perform, my image, likeness, or voice recording on the LWW web site or in any other Yoga

Retreat marketing materials without further notice or compensation. I hereby consent that any such image, likeness, or voice contained in photographs, recordings, and tapes are property of LWW, which shall have the right to print, reprint, publish, copy, vend, perform or represent publicly, or create derivative works based on and using the image, likeness, or voice depicted in such photograph, film, or sound recording as it may desire free and clear of any claim whatsoever on my part.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree and confirm that I had an opportunity to consult legal counsel before signing below.

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Signature of Participant / Parent or Guardian (if under 18)

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Sex: Male Female Ht. _____ Wt. _____

Phone: _____ Email: _____

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. For most people physical activity should not pose any problem or hazard. However, some people should check with their doctor before they start becoming much more physically active.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

- | | | |
|--------|----|---|
| 1. Yes | No | Has your doctor ever said you have heart trouble? |
| 2. Yes | No | Do you frequently have pains in your heart and chest? |
| 3. Yes | No | Do you often feel faint or have spells of severe dizziness? |
| 4. Yes | No | Has a doctor ever said your blood pressure was too high? |
| 5. Yes | No | Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| 6. Yes | No | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| 7. Yes | No | Are you over age 65 and not accustomed to vigorous exercise? |
| 8. Yes | No | Are you pregnant? |

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity. We may require you to provide written permission from a physician

before participating in the Yoga Retreat.

If you answered NO to all questions...

You have reasonable assurance of your present suitability for physical fitness activities and participating in the Yoga Retreat.

Signature: _____

*If completed electronically your typed name represents your Signature

Date: _____