

Cloud Nine Yoga Retreat Registration



Facilitator: Erika Faith Calig + Special Guests

Personal Information & Agreement Form: To attend, *READ and fill out this form COMPLETELY.*

NAME: _____

ADDRESS: _____

PHONE: _____

(The one you use most)

EMAIL: _____

(The one you check most)

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Retreat Fees:

\$400 BASE RETREAT REGISTRATION (bunk or couch sleeping - shared space)

\$500 ROOM WITH TWO BEDS (shared room with two beds - 2 people)

\$650 PRIVATE ROOM (queen bed, all to yourself!)

Payment method: (Please ✓ only one)

() Cash () Check

() Credit/Debit Card: Please Paypal to yoginiom@yahoo.com or Venmo @Erika-Faith

Due to the limited space availability and planning for this retreat, students are advised to solidify all reservations, payments, and travel arrangements at the time of registration.

TOTAL BEING PAID TODAY: \$

Refund / Participation Policies:

Refunds - We have a strict cancellation policy due to the nature of this event. Cancellations made before March 20 are refunded less a 25% cancellation fee. Cancellations after March 20 are refunded 50% of the total paid.

Participation - Any adjustments in plans, travel, or attendance before, during, or after the retreat are student's responsibility. Participant surrenders fees for the scheduled activities, regardless of participation.

_____ (Please initial): *I have read and understand the refund, payment, and participation policies written above and agree to honor this agreement.*

OTHER PERTINENT INFO:

As a student and participant of Cloud Nine Yoga's full 3-day retreat, you will receive a *minimum of 40 Curriculum Contact Hours*. This fulfills your required Retreat Hours for Cloud Nine Yoga 200-hr Yoga Teacher Certification course.

ASSUMPTION OF RISK/Liability Release

_____ (Please initial) I am aware that participation in the Cloud Nine Yoga Retreat may be hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in all activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this entire document.

LEGAL LIABILITY RELEASE

As consideration for being permitted to participate in Cloud Nine Yoga retreat, training, classes, activities, outings, and travels, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig and/or Cloud Nine Yoga, LLC for injury or damage resulting from my participation in any lesson, class, workshop, excursion, or activity. I hereby release Erika Faith Calig and Cloud Nine Yoga, LLC and all agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in ANY offerings of Cloud Nine Yoga Schools and for all claims, injury damages or liability suffered by me in connection with my participation with Cloud Nine Yoga programs and courses. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician.

I have carefully read this entire agreement and fully understand the above contents. I am aware and agree that this is a complete release of liability voluntarily assumed for my participation in all activities with Erika Faith Calig and "Cloud Nine Yoga".

Print Name_____

Signature_____ Date_____

PLEASE MAKE A COPY OF THIS ENTIRE FORM FOR YOURSELF FOR YOUR RECORDS