

"Om is where the Heart is" Mountain Yoga Retreat

with Allison Modaffer & Kellie Daniel

Participant Application and Liability Agreement

Thank you for your interest in our 11/10 - 11/12, 2017 Mountain Yoga Retreat at OM Sanctuary!

The retreat will begin at 4pm on Friday Nov 10th and wrap up at 11am on Sunday Nov 12th.

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Medical Alert (injuries, physical limitations, ailments, etc.)

Please choose your Pricing Option:

Shared Double Bedroom (with 2 beds) - \$650

Roommate request: _____

Single Bedroom (with 1 bed) - \$850

Liability Agreement

In order to participate in the Mountain Yoga Retreat and all of its related activities,
I (print name) _____ acknowledge, understand and agree that:

Participation in Yoga includes, but is not limited to, the practice of asana (poses), pranayama (breathing), meditation and philosophy. Yoga is designed to exercise every part of the body, including the internal organs, glands and nerves, though yoga is not a substitute for medical care. Yoga utilizes sustained stretching to strengthen muscles and increase flexibility.

Yoga, like all physical and spiritual exercise, is an individual experience. I understand that in Yoga, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing.

By signing my name below, I acknowledge that participation in Yoga, hiking, and all other Mountain Retreat activities exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Allison Modaffer and

Kellie Daniel from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in the Mountain Retreat. My signature further acknowledges that I shall not now, or at any time in the future,

bring any legal action against Allison Modaffer or Kellie Daniel; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am fit to participate in all Mountain Yoga Retreat activities, and that I understand that it is my responsibility to consult a licensed

medical doctor to verify my physical condition for participation in these types of activities. I am participating in Yoga, hiking, and all other Mountain Retreat activities at my own risk. My signature is binding to this liability waiver from this day forth.

Signature _____ Date _____

Please mail this application, along with your payment check and medical release form, to:

Central Peace Yoga & Ayurveda

901-C Central Avenue

Charlotte, NC 28204

Please write "Yoga Retreat 2017" in the subject line of your check.

Thank you!!