

"The Nature of Bliss" Mountain Yoga Retreat
with Allison Modaffer & Kellie Daniel
Participant Application and Liability Agreement

Thank you for your interest in our 10/5 - 10/7, 2018 Mountain Yoga Retreat at Bliss Farm!

Name: _____
Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____

Please choose your Lodging/Pricing Option:

- | | |
|--|--|
| <input type="checkbox"/> Private Room | <input type="checkbox"/> Shared Bell Tent 1* |
| - Queen \$750 | - Queen \$500 |
| - Twin \$700 | - Twin \$450 |
| <input type="checkbox"/> Shared Cabin 1* | <input type="checkbox"/> Shared Bell Tent 2* |
| - Queen \$650 | - Queen \$500 |
| - Twin \$600 | - Twin \$450 |
| - Twin \$600 | |
| <input type="checkbox"/> Shared Cabin 2* | <input type="checkbox"/> Shared Bell Tent 3* |
| - Queen \$650 | - Twin \$400 |
| - Queen \$600 | - Twin \$400 |
| - Twin \$550 | - Twin \$400 |
| - Twin \$550 | |

*Roommate(s) request: _____

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 or email this application, along with your payment and medical release form, to:
Central Peace Yoga & Ayurveda
901-C Central Avenue
Charlotte, NC 28204
centralpeaceyoga@gmail.com