

Bend of Ivy Mountain Yoga Retreat
with Allison Modafferi
Participant Application and Liability Agreement

Thank you for your interest in our 11/5 - 11/7, 2021 Mountain Yoga Retreat at Bend of Ivy!

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

Please choose your Lodging/Pricing Option:

- Private room with shared bath
 - King bed (4 available) - \$795
 - Full bed (1 available) - \$750
 - Single bed (1 available) - \$695
 - Loft single (1 available) - \$595

- Shared room with shared bath
 - 2 single beds (3 rooms available) - \$550 each

*Roommate 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 may affect many parts of my body and mind, though yoga is not a substitute for medical care. Yoga is designed to strengthen muscles and increase flexibility, as well as to calm agitations of the mind. 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 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 Modafferi and Guest Instructors 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 Modafferi 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:

Allison Modafferi % Central Peace Yoga & Ayurveda
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centralpeaceyoga@gmail.com