

**Yoga Retreat**  
**Weekend Intensive Jan 18-20, 2013**  
**REGISTRATION / WAIVER FORM**

Your name, address, phone number and e-mail address will be entered into the mailing lists of Gisele Harrison and Laurel Hicks to receive information about future retreats. If you do NOT wish to be on this mailing list, please check here \_\_\_\_.

**(PLEASE PRINT CLEARLY or TYPE)**

NAME \_\_\_\_\_

ADDRESS (Please include postal code) \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMERGENCY CONTACT (Name, Phone #, Relationship)- \_\_\_\_\_

\_\_\_\_\_

Are you interested in carpooling? Yes \_\_\_ No \_\_\_ If yes please indicate if are able to be a driver and how many people you would be able to transport \_\_\_\_\_

IF YOU ARE DRIVING, PLEASE GIVE LICENCE PLATE NUMBER \_\_\_\_\_

ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP THE FACILITATORS DURING THE RETREAT, AND WILL BE TREATED CONFIDENTIALLY. PLEASE GIVE DETAILS.

Have you previously practiced Insight Meditation (Vipassana)? If so, with what teacher(s), where, and for how long? \_\_\_\_\_

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Have you previously practiced any other type of meditation? If so, please give details.

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Have you previously studied the yamas? If so, with what teacher(s), where, and for how long?

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Please indicate how long you have practiced yoga and who your teachers have been.

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Do you have any physical health conditions or disabilities that may affect sitting, walking, meditation and/or yoga? Please give any relevant details.

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Are you presently, or have you ever been, in therapy or treatment for any emotional or psychological conditions, such as depression, sleep disorders, eating disorders, abuse, etc.? If so, please give some information, including any medication being taken.

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Are you here with a relative or friend? If so, please give their name.

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Meals will be vegetarian with dairy and eggs. We cannot always accommodate special needs. If you have any special dietary needs for health reasons, please explain here.

Dairy Free \_\_\_\_\_ Wheat Free \_\_\_\_\_ Gluten Free \_\_\_\_\_ Other \_\_\_\_\_

TUITION & ACCOMMODATIONS (meals and snacks included), please check:

Regular Room - \$395 \_\_\_\_\_ Suite - \$465 \_\_\_\_\_

**TOTAL AMOUNT OWING FOR TUITION AND ACCOMMODATIONS =**

**\$** \_\_\_\_\_

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***By submitting the payment of \_\_\_\_\_ and by signing this registration form I agree to the following:***

I agree that group leaders Gisèle Harrison MSW, RSW and Laurel Hicks MSW, RSW and any other service providers associated with this package shall not be held responsible for any injury, damages, loss or delay. I agree to assume all risks associated with the trip and agree that no liability will attach to Gisèle Harrison MSW, RSW and Laurel Hicks MSW, RSW and other service providers for any personal injury, illness, delay, loss or damage to property or health.

Neither Gisèle Harrison MSW, RSW nor Laurel Hicks MSW, RSW shall be held liable or responsible for any extra expenses including but not limited to lodging, meals and transportation incurred by delays or other undesirable issues outside of our control. Our package prices, unless otherwise indicated, include accommodations, meals as outlined and at a set time and location. Gisèle Harrison MSW, RSW and Laurel Hicks MSW, RSW reserve the right to change the program schedule if necessary. If you choose to make other meal arrangements or not participate in any part of the group itinerary no part of the package price is refundable due to non-participation.

The payment is due in full to Laurel Hicks. Of this amount, \$150 is a non-refundable deposit. If payment is not made in full at the 2 weeks prior to the retreat you will not be able to participate. If you choose not to inform us that you are unable to make this trip after you have made your payment you will not be able to participate in any future retreats and your deposit will not be refunded. If you do advise us that you are unable to come due to any reason your spot may be released on a first come basis to individuals on the waiting list. If your spot can be filled, \$100 of your deposit will be returned. Reservation is effective upon receipt of the payment and registration form.

If you are unable to come due to any reason you may send someone in your place or contact us for information on wait-listed individuals. The new participant will pay you the payment amount that you submitted and you should notify us of the name change. Note: Only one name change per reservation. Name changes may occur up to 5 days prior to retreat date.

All participants must fill out a registration and waiver form in order to participate. Submission of the registration form along with receipt of any payment constitutes acceptance of these terms and the cancellation policy.

**I \_\_\_\_\_ understand the Term and Conditions outlined above and will accept full responsibility for myself in the participation of this retreat. I have enclosed a cheque with full payment made payable to “Laurel Hicks”, \$150 of this is a non-refundable deposit. I understand Gisele and Laurel will book my accommodations with Holy Family Retreat House. If I am unable to attend this retreat for any reason I will notify Gisèle or Laurel at least 14 days prior to retreat date with the risk of losing my full deposit. If there is not enough participants to run the retreat, Gisele and Laurel have the right to cancel up to 2 weeks prior to the retreat date. I will receive my full deposit back if this happens.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

PLEASE MAIL REGISTRATION/WAIVER FORM AND CHEQUE (MADE PAYABLE TO “Laurel Hicks”) TO THE FOLLOWING ADDRESS:

Breathe Pilates and Fitness  
Attn: Laurel Hicks – Retreat Registration  
1670 Wyandotte Street East, Suite 102  
Windsor ON (N8Y 1C8)

*If you have any question or concerns please contact:*  
Gisèle Harrison (519) 816-2701, [giseleharrison@bell.net](mailto:giseleharrison@bell.net)  
Laurel Hicks (519) 564-1326, [laurelmhicks@gmail.com](mailto:laurelmhicks@gmail.com)