

**Yoga Within You Retreats & WadeYoga**  
**Los Cabos Yoga Retreat**  
**at Prana del Mar**  
**February 27-March 6, 2021**  
**Questionnaire & Waiver**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home/Cell # \_\_\_\_\_

Birthday \_\_\_\_\_

EMERGENCY CONTACT (Name & Phone) \_\_\_\_\_

\_\_\_\_\_

**Do you have previous yoga experience? How long?**

**What is your preferred type of yoga? How often do you practice per week?**

**Do you have any injuries, health conditions, surgeries or chronic pain that may affect your comfort/participation during yoga classes? If yes, please explain.**

**List any food allergies and dietary restrictions.**

**Name of your Roommate. If you are traveling alone, we will match you with a harmonious roommate.**

**What are you hoping to get out from your retreat experience? What aspects of yoga do you want to learn more about?**

**Tell us “3 Interesting Things about Yourself”**

**PLEASE READ, INITIAL, SIGN/DATE BELOW AND AGREE TO THE FOLLOWING:**

I am in good health and feel confident to participate safely in the Yoga Within You, LLC and

WadeYoga Cabo San Lucas Yoga Retreat February 27 – March 6, 2021 “Retreat”). I understand that during this time I will be participating in yoga classes/workshops, hiking, surfing, swimming, among other activities, that may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved. (\_\_\_\_\_)

I certify that I have disclosed all physical impairments, injuries and conditions (including being pregnant) to Jenny Guzon-Bae and Wade Gotwals, and that I am physically well and not suffering from any medical conditions, diseases or other illness that would increase my risk of injury and/or illness as a result of the participating in any physical exercise, including, but not limited to, yoga and any outside activities. (\_\_\_\_\_)

In consideration of being permitted to participate in the retreat, I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the retreat, including any and all activities done with the yoga retreat group, or as an individual while on the retreat. (\_\_\_\_\_)

I, my heirs or legal representatives knowingly, voluntarily and expressly waive any claim I may have against Jenny Guzon-Bae, Wade Gotwals, Yoga Within You LLC, WadeYoga and Prana del Mar for any injury, accident, illness or damages caused by their negligence or other acts. (\_\_\_\_\_)

I agree that any photos taken during Yoga Within You, LLC & Wade Yoga may be used for social media promotion. (\_\_\_\_\_)

Cancellation policy: I understand that the \$500 deposit fee is **non-refundable**. Further, should cancellation occur less than 30 days prior to the retreat I will forfeit all the fees I have paid. Should the event be cancelled by Jenny Guzon-Bae and Wade Gotwals for any reason, all fees will be refunded back to me. (\_\_\_\_\_)

I choose to (\_\_\_\_\_) or choose NOT to (\_\_\_\_\_) purchase my own Travelers Insurance for this trip with full understanding of this contract and cancellation policies. If I purchase Travelers Insurance, I will forward a copy to Jenny at [yogawithinyouretreats@gmail.com](mailto:yogawithinyouretreats@gmail.com). (\_\_\_\_\_)

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I have read the payments and policies on the Yoga Within You, LCC website ([www.yogawithinyou.com](http://www.yogawithinyou.com)) and agree to abide by them, knowing my \$500 deposit is non-refundable and the balance of my retreat fee is due no later than December 15, 2019.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM & EMAIL TO: [yogawithinyouretreats@gmail.com](mailto:yogawithinyouretreats@gmail.com)