

**Yoga Within You Retreats**  
**Lois' 60<sup>th</sup> Private Yoga Retreat**  
**Apr 28 – May 1, 2022**  
**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.**

**Are you vaccinated and provide a negative Covid-19 test within three days of departure?**

**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 's Lois' 60<sup>th</sup>

Private Yoga Retreat “Retreat”). I understand that during this time I will be participating in yoga classes/workshops, hiking, 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 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, Yoga Within You LLC, 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 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 I cancel 60-90 days prior to the retreat, and if and only if my spot can be sold, I will receive my retreat fee less the \$500 deposit fee. Should the event be cancelled by Jenny Guzon-Bae and Lois Chasin Solomon for any reason, fees minus hotel cancellation charges 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, 2021.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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