

Powerflow Yoga: Relax and Recharge Yoga, Fusion and Spa Retreat

To register for the Relax and Recharge: Yoga, Fusion and Spa Retreat, please fill out the below information. After completing the registration, please send a check for your deposit.

Hotel Website:

<https://www.crystalgolfresort.com/stay/minerals-hotel/>

Powerflow Retreat Website:

<https://www.powerflow-yoga.com/crystalsprings>

Deposit Information:

Make send a check made out to Powerflow Yoga LLC

Checks to be mailed or left at Powerflow Yoga: Livingston location at 155 South Livingston Avenue, Livingston, NJ 07039

Attn: Nicole Dockx

If you have any questions please feel free to reach us at cjoseph@powerflownj.com.

FIRST AND LAST NAME:

EMAIL ADDRESS:

STREET ADDRESS:

APT#/FLOOR:

CITY, STATE & ZIP CODE:

MOBILE PHONE #:

I IDENTIFY MY GENDER AS:

EXPERIENCE WITH YOGA:

EXPERIENCE LEVEL WITH FUSION:

WHAT ARE YOU LOOKING TO GET OUT OF THIS RETREAT?

FULL NAME OF EMERGENCY CONTACT (NOT TRAVELING WITH YOU):

EMERGENCY CONTACT RELATIONSHIP:

EMERGENCY CONTACT PHONE #:

ALLERGIES OR DIETARY RESTRICTIONS (FOOD, MEDICATION, ETC):

HEALTH/MEDICAL CONDITIONS:

I WOULD LIKE TO SHARE A ROOM WITH (IF APPLICABLE):

PLEASE SIGN THE BOTTOM TO INDICATE YOU AGREE TO THE RELEASE FORM:

RELEASE AND WAIVER OF LIABILITY

I hereby agree to the following:

1. I am participating in the Relax and Recharge Yoga, Fusion and Spa Retreat offered by Powerflow Yoga, LLC, during which I will receive information and instruction about yoga, fusion and health. Also, I will be practicing yoga, fusion, traveling and participating in excursions, activities and services at my discretion. I recognize that yoga and fusion requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Relax and Recharge Yoga, Fusion and Spa Retreat. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the Relax and Recharge Yoga, Fusion and Spa Retreat.

3. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know I am participating in this Relax and Recharge Yoga, Fusion and Spa Retreat. I assert that I am of fit health to participate in the Relax and Recharge Yoga, Fusion and Spa Retreat and will alert all Yoga Teachers whose sessions I participate in that I am pregnant.

4. In consideration of being permitted to participate in the Relax and Recharge Yoga, Fusion and Spa Retreat, I agree to 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 practicing yoga, traveling and any and all other activities done with the Relax and Recharge Yoga, Fusion and Spa Retreat group, or as an individual at Crystal Springs Resort.

5. In further consideration of being permitted to participate in the Relax and Recharge Yoga, Fusion and Spa Retreat, I knowingly, voluntarily and expressly waive any claim I may have against Powerflow Yoga, LLC and its staff, for injury or damages that I may sustain as a result of participating in the retreat. I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Powerflow Yoga, LLC, and/or its staff for any injury or death caused by their negligence or other acts.

6. CANCELLATION POLICY - I understand that \$300 of the registration fee is non-refundable. Further, should participant cancellation occur within 30 days of the event for any reason, I forfeit all fees. Should the event be canceled by Powerflow Yoga, LLC, all retreat fees will be refunded back to participant. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree and confirm being invited to consult legal counsel before agreeing to these Terms & Conditions.

