

YOU ARE MAGIC RETREAT BOOKING AND WAIVER FORM



Personal Information:

Name:

Mobile:

Email:

Address:

Emergency contact details:

Name:

Relation:

Phone number:

Accommodation:

Dietary and Medical information:

Do you have any food allergies or dietary requirements? Please list all.

Do you have any current or previous Injuries? Please state all.

Do you have any other health/medical conditions? Please list all.

Are you pregnant? If yes, how many weeks?

Name of the Retreat: You are Magic Retreat

Type of Retreat: Self Development Retreat

Retreat Activities: Daily Teachings, Life lessons, Guided Meditations, Energy upgrades, Healings, Ceremonies, Yoga, Sauna, Freshwater swimming hole, Magnesium Pool

Location:

Date:

Organizer Name: Sarah Louise Live

WAIVER & RELEASE OF LIABILITY



Agreement of Release and Waiver of Liability

Guest Legal Name:

Guest Address:

Guest Phone Number:

Guest Date of Birth:

I, (name) _____
hereby agree to the following:

I am participating in the retreat offered by Sarah Louise. I am fully aware of the risks and hazards involved and take full responsibility for myself during all activities and free time. I understand that Sarah Louise and staff will take all care, but shall not be held liable for any injuries incurred during the retreat.

I understand that if I am pregnant, that I am of fit health to participate in the Retreat and will alert all teachers whose sessions I participate in that I am pregnant as well as noting it on my booking form. It is recommended that you consult your doctor of pregnant and have them sign off that activities are safe for you.

In consideration of being permitted to participate at Sarah Louise, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation. This includes any travel and any or all activities done with Sarah Louise, or as an individual at the accommodation and facilities provided.

I have read the above release and waiver of liability and fully understand its contents.

I acknowledge that I have had ample opportunity before signing this Form to get independent legal advice.

Signature of Participant Date