

2022 HOLISTIC YOGA AND MEDITATION RETREAT REGISTRATION FORM

Retreat Date Registering for _____
Name _____ Address _____
City _____ State _____ Zip _____ E-mail _____
Phone(s) _____
Emergency Contact Full Name, Phone Number, How they are related to you.

Health and Other Information

Date of Birth _____ Age _____
Please, describe your health, any injuries/hospitalizations in the past 2 years.

If taking medication, please list all, and what you are taking it for.

Have you been treated for substance abuse and dates? _____
Any history of drug use? _____ What kind & last used? _____
How often are you in pain? Describe it. _____

Anything else we should know in order to serve you better? _____

What would be your goals/expectations from this yoga and meditation retreat?

I, _____, am sending separately a proof of being fully vaccinated / boosted against COVID, or a negative ANTIGEN test taken within 24 hours of retreat if past 270 days from last shot received; I understand that all money paid is non-refundable in case I choose not to attend, or leave the retreat before it ends. www.YogaAndMeditation.com.

Student Waiver Agreement

I, _____ understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga may not be safe, nor recommended under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Ema Stefanova, or Ann Arbor Yoga and Meditation.

I, _____, have not been sick with COVID-19, nor having symptoms, nor taken care of anyone sick with COVID-19, nor in contact with anyone exhibiting COVID-19 symptoms, nor flown within 7 days prior to retreat. I agree to follow social distancing/masking rules at the retreat.

Signature _____ Date _____