



Heart of Mother Earth Retreats

# RETREAT REGISTRATION

Mary Canane , LMHC and Erika Cohane, LCSW, ACHT

Registration includes all weekend activities, shared room lodging and meals

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Commitment Agreement:** This is a weekend program which requires a commitment to and payment of the full tuition for the weekend regardless of late arrival or departure prior to the retreat closing.

**Payment Policy:**

A \$300 deposit is required to secure attendance. Full payment is due two weeks prior the start of the retreat weekend. Payment can be made by cash, check or Zelle.

**Cancellation Policy:**

Cancellation requests made:

90 days before the retreat - will be refunded total cost minus deposit of \$300

60 days before the retreat - will be refunded 75% of total cost minus deposit of \$300

30 days before the retreat - will be refunded 50% of total cost minus the deposit fee of \$300

29 Days or less before the retreat - NO refunds will be provided.

I \_\_\_\_\_, understand and commit to all of the above agreements/policies. I am including \$300 towards the total cost of the retreat with this registration in order to secure my space in the retreat.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

### I. PROMOTIONAL RIGHTS:

As a condition of my participation, I hereby grant Mary Canane, LMHC & Erika Cohane, LCSW the right to use, for promotional purposes only, any photographs of me taken during my participation in the Retreat. I further understand and agree that Mary Canane, LMHC & Erika Cohane, LCSW may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Retreat.

### I. LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:

I understand that participation in retreat activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, Mary Canane, LMHC & Erika Cohane, LCSW cannot guarantee safety thereof, as all risks cannot be prevented. Mary Canane, LMHC & Erika Cohane, LCSW do not provide health and accident insurance for retreat participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this retreat are to be borne by the participant. I also hereby consent, give authorization to, and release from liability; Mary Canane, LMHC & Erika Cohane, LCSW to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this retreat, that Mary Canane, LMHC & Erika Cohane, LCSW's auto insurance does not cover such a private vehicle. I also understand that Mary Canane, LMHC & Erika Cohane, LCSW cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any activities and travel that I might choose to participate in before, during or after the Mary Canane, LMHC & Erika Cohane, LCSW sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

**In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this trip and any recreational activities noted within; and with full understanding of the above issues/ conditions and risks, I hereby release, indemnify and hold harmless Mary Canane, LMHC & Erika Cohane, LCSW from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said retreat or activities.**

**I have thoroughly read and understand the preceding and forgoing information, to include any special risk or recreational risks included with this trip/travel as noted herein.**

**I understand that all recreational activities are completely voluntary and based upon my own decision and I acknowledge that I may choose to decline these activities at any time. I hereby accept the associated risks and understand the precautions thereof.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness for Participant

\_\_\_\_\_  
Date

Emergency Contact Name phone : \_\_\_\_\_