



Heart Centered Healing Connections  
Kindsight Therapy, LLC

# UN-BECOMING RETREAT REGISTRATION & LIABILITY

Erika Cohane, LCSW and Jennifer Kendrick, LCSW

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 to the start of the retreat weekend. Payment can be made by cash, check or Zelle.

**Cancellation Policy:**

Cancellation requests made prior to 30 days of the workshop will be refunded minus the deposit fee of \$300. After this time, 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 Erika Cohane, LCSW and Jennifer Kendrick, 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 Erika Cohane, LCSW and Jennifer Kendrick, 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, Erika Cohane, LCSW and Jennifer Kendrick, LCSW cannot guarantee safety thereof, as all risks cannot be prevented. Erika Cohane, LCSW and Jennifer Kendrick, 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; Erika Cohane, LCSW and Jennifer Kendrick, 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 Erika Cohane, LCSW and/or Jennifer Kendrick, LCSW's auto insurance does not cover such a private vehicle. I also understand that Erika Cohane, LCSW and Jennifer Kendrick, 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 Erika Cohane, LCSW and Jennifer Kendrick, LCSW sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

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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 Erika Cohane, LCSW and Jennifer Kendrick, 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.

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Signature of Participant

Date

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Print Participant Name

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Signature of Witness for Participant

Date

Emergency Contact Name & Phone : \_\_\_\_\_