Retreat Registration
Tarifa 2027

Name:

Email:

Telephone Number:

Contact name and number in case of an emergency:

Please note that my Public Liability Insurance only covers the yoga sessions. You will need to take out your own holiday/medical insurance for this trip. Please read the *terms & conditions* on my website and sign the waiver at the bottom of this form. Thank you.

Your place is only secure once a deposit has been paid. **Full balance to be paid by 27th April 2027.** Please contact Kara to arrange installments.

Please answer the following questions:

1) What's your yoga experience?
   ie. Weekly practice? Occasional workshop? Regular home practice with YouTube? No prior experience?

2) Any injuries or medical conditions I should know about?

3) What are you hoping to gain from the retreat?

4) Do you have any food or other allergies?

5) Any other comments?

Waiver of Liability

I, (please insert your full name)……..understand that yoga, exercise, and related activities (e.g., hiking,, swimming) carry inherent risks of injury, including, but not limited to, muscle strains, falls, or, in extreme cases, death. I confirm that I am joining the retreat and taking part in all activities of my own free will. I agree not to hold the instructor, organizer, or venue liable for any injuries, damages, or losses sustained during the retreat. It is my responsibility to consult a physician before attending, especially concerning any pre-existing conditions. I have disclosed any medical conditions, injuries, allergies, or medications in the form above. I am participating at my own risk. I authorise the organizer to secure emergency medical treatment if necessary, with the cost borne by myself, the participant. I agree to follow all instructions from teachers

and staff. I recognise that outdoor or rural settings may have natural hazards (e.g., uneven ground, insects, wildlife).

Please sign and date to confirm you have read & agree to the T's & C's and above waiver*

Name:

Date: