

Be Fit Be Well Retreats *In Costa Rica*

ATTENDEE REGISTRATION FORM

Welcome to Be Fit Be Well Retreats. Please complete the below information giving as much detail are possible where relevant and return to us via EMAIL as soon as possible. We look forward to welcoming you on the Retreat!

Name	
Address	
Telephone number	E mail
Emergency Contact Name	Telephone Number
E mail	
Family Doctor Name	Address
Telephone Number	
Any Pre-existing Conditions (medical/psychological/emotional health issues, regular medication) please list;	
Any dietary allergies or requirements (please be specific re allergies vs preferences including what you cannot and can eat)	
Any disabilities, mobility restrictions or special needs	

Amount Paid \$	Method of Payment	Date (mm/dd/yyyy)
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I understand my retreat fees paid are non-refundable/non-transferable and in the case of cancellation, can only be refunded should my place on the Retreat be filled 3 months in advance of the commencement date.

Signature _____

Be Fit Be Well Retreats

P O box 4084 Olds AB T4H 1P7 T: 587 600 9242 F: 587 600 9243 E: ian@bfitbwell.com

www.bfitbwellretreats.com

Be Fit Be Well Retreats
In Costa Rica
Registration and Liability Waiver

I (please print name) _____ am attending a Be Fit Be Well retreat, in Costa Rica and agree to abide by the following terms and conditions.

Fees and Cancellation

I Agree to pay all Retreat fees due in advance by the due date specified on the website or in line with payment arrangements made with Ian or Dawn James or Be Fit Be Well.

I understand all Retreat fees are non-refundable and in the case of my cancellation, can only be refunded should my place on the Retreat be refilled 3 months in advance of the Retreat commencement date.

I understand, should the Retreat be cancelled by Ian or Dawn James or Be Fit Be Well, as in the case of emergency, any fees paid by myself to Be Fit Be Well will be returned to me (minus any online payment fees if paid online and an administration fee of \$25). I understand any other costs incurred by myself, e.g. flights, will be my own responsibility and agree to not hold Ian or Dawn James or Be Fit Be Well liable.

Personal Insurance

I agree to take out/ensure that I have adequate insurance to include trip cancellation, baggage and health medical coverage for travel to Costa Rica for travel to and from, and for the duration of the Retreat. I understand this is my responsibility and that I have been advised to ensure that I have coverage in place. I take full responsibility for ensuring my fitness to travel and will check any concerns with my Healthcare Practitioner.

Liability

I understand and acknowledge that attendance on the Retreat and all associated activities are undertaken entirely at my own risk. I indemnify and save harmless Ian or Dawn James or Be Fit Be Well from any and all expenses, costs, damages, suits, actions and liabilities arising from any and all loss or damage to personal property, personal accident, injury, sickness or death resulting from or associated with; travel bookings, Retreat fees and cancellation, travel to and from the Retreat, residing at and use of the retreat facilities, pool, gardens and grounds, all activities, teachings, outings, transportation and travel, food and drink preparation and consumption, fireside, insect/animal encounters, or any other activities or events associated with the Retreat. This waiver of liability applies before, during and after the time of the Retreat.

I understand that Ian or Dawn James and Be Fit Be Well, are not affiliated with any suggested businesses, travel agency or tour operator or operating as such. During the Retreat I will report any concerns or unsafe conditions to Ian or Dawn James immediately and accept liability for any breakages or damages caused by myself whether accidental, deliberate or by neglect.

I agree to conduct myself in a safe manner, comply with any regulations as detailed in the Retreat and House Guidance and follow the instructions of Ian and Dawn James and Be Fit Be Well facilitators.

Name (please print) _____

Signature _____ **Date (mm/dd/yyyy)** _____

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