

THE GATHERING ~ 3rd Annual Yoga Retreat Registration

APRIL 26-28, 2019

This is your Registration Form for THE GATHERING - 3rd Annual Yoga Retreat hosted by "Yoga by Bethanie, LLC."
You will be required to sign a formal written waiver upon arrival at Retreat.

*** Required**

1. **First/Last Name *** _____

2. **Email Address*** _____

3. **Gender ***

Mark only one oval.

- ☐ Female
- ☐ Male

4. **Date of Birth (All participants must be at least 18 years of age at the time of Retreat) *** _____

5. **Full Mailing Address including Zip Code *** _____

6. **Primary Contact Phone # *** _____

7. **Have you ever participated in (Christ-Centered) yoga before? ***

Check all that apply.

- ☐ Yes - Traditional yoga practice
- ☐ Yes - A Christ-Centered practice
- ☐ Never practiced yoga before

8. **I hereby consent as a participant in Yoga by Bethanie, LLC yoga classes and agree to assume all of the risks involved. I understand that Yoga by Bethanie, LLC does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Yoga by Bethanie, LLC or appointed or affiliated Yoga by Bethanie, LLC teachers or host sites personally responsible for any liability. Agree: sign initials** _____

9. **I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. * Agree: sign initials** _____

10. **I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Yoga by Bethanie, LLC activities. I declare that I have disclosed any and all relevant medical history to Yoga by Bethanie, LLC and/or their affiliates relevant to participation. * Agree: sign initials** _____

11. **I agree that Yoga by Bethanie, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. * Agree: sign initials** _____

12. **I agree that Yoga by Bethanie, LLC may use touch therapy and/or hands on adjustments as needed for proper alignment and/or additional stretch. * Agree: sign initials** _____
I Decline Touch Therapy & Adjustments: sign initials _____

13. **I understand that I will be required to sign a formal written waiver upon my arrival at Retreat. ***
Agree: sign initials _____

14. **Do you NEED a private room (due to medical needs or sleep patterns/snoring) *No Additional Cost ***

Mark only one oval.

- ☐ Yes
- ☐ No

15. I'd like to purchase a "Gathering" Shirt at Retreat (Cost will be determined based on number ordered but will be UNDER \$25) ***CHOOSE SIZE & STYLE*** Shirts must be pre-ordered, No extras will be available. Payment required upon arrival at Retreat. *

Check all that apply.

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL
- ☐ XXL

- ☐ Men's STYLE T-Shirt
- ☐ Ladies STYLE Sleeveless Shirt

- ☐ No Thank You

16. Your Requested Roommate, First & Last Name _____
(List only one person. Your requested roommate must also put YOUR name as THEIR request) - We promise to honor these requests if possible. *

17. Do you have a special dietary restriction *No Additional Cost *

Check all that apply.

- ☐ None
- ☐ Dairy Free
- ☐ Gluten Free
- ☐ Vegan
- ☐ Vegetarian
- ☐ Other: _____

18. Your Completed Registration & Non-refundable Deposit will register you for this Event. *

Mark only one oval.

- ☐ Full Payment \$215
- ☐ Deposit \$95 – Final Payments are due no later than 3/25/19

19. I understand that my participation fee is non-refundable if I am unable to attend THE GATHERING Retreat. In this case, I will notify YogabyBethanie@gmail.com as soon as possible. When I find another paying participant who will fill my spot I will receive a refund (Refund will be issued by check 7-10 business days after full payment is received by substitute participant). *
Agree sign initials _____

20. Choose One (Your Registration is only complete when payment is received) *

Mark only one oval.

- ☐ I will pay via FB Messenger with my Visa/MC DEBIT CARD within 48 hrs
- ☐ I will pay electronically via Venmo within 48 hrs: www.venmo.com/YogabyBethanie
- ☐ I will mail a check PAYABLE TO: Bethanie Meredith P.O. Box 807, Canfield, Ohio 44406

21. I would like to help someone else attend by providing a full or partial scholarship. *

Check all that apply.

- ☐ Yes - I will provide a full scholarship, please contact me.
- ☐ Yes - I will provide a partial scholarship, please contact me.
- ☐ Not this time.

22. My Signature * _____ Date _____

Please send this form and a check PAYABLE TO: Bethanie Meredith P.O. Box 807, Canfield, Ohio 44406