



Molokai Retreat 14 -21 October, 2017

Elisabeth Lentz - Restore Balance Today

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Text ok? Yes / No _____

Email: _____ Date of Birth: _____

Emergency Contact: _____

Medications: _____

How did you find out about the trip? _____

Profession, Occupation, Passion? _____

Meditation & Yoga experience? None necessary! _____

What are your expectations and intentions? _____

_____ use backside

Dietary restrictions? _____

How do you feel about double occupancy of rooms? _____

Please, list any past injuries, accidents, life incidents, special health conditions (including pregnancy) or current medications and life-challenges. Please, let me know of any relevant information before trip.

use back side

Waiver of Liability - The undersigned by signing this agreement indicates that he/she understands the risks inherent in practicing Yoga and/or any other sessions offered and hereby assumes all risks incident to such activity and waives any claim or right of action against Elisabeth Lentz, her employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the undersigned of the undersigned's property incurred in connection with and/or as result of the undersigned's attendance at classes or sessions conducted by Elisabeth Lentz and/or the use of Elisabeth Lentz's facility.

Signature _____ Date _____