



MEDITATION RETREAT REGISTRATION FORM

INFORMATION

Surname: _____ Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cellphone: _____

Email: _____

EMERGENCY CONTACT

Contact: _____ Relation: _____ Telephone: _____

RETREAT

Date: _____ Location: _____

HEALTH STATUS

My health is... average good very good

Do you currently have any medical condition (limitations, injury, pregnancy, mental health, other). If yes, explain: _____

Do you take any medication? If yes, what do we do in case of emergency: _____

MEALS

During the retreat the food diet is mostly vegetarian. Are you used to this kind of diet?

- Yes No

Do you have any food allergies or intolerances? If so which one: _____

We will do our best to provide allergy sensitive food. You are responsible for your food choices over the course of the retreat.

ACCOMODATION

- I prefer and individual room.
 I prefer a shared room. I would like to share with: _____
 I have no specific preferences, it depends on availability.

Generally, rooms come with shared bathroom. Should you need a room with its own bathroom, please indicate it here:

WAIVER OF LIABILITY

- I discharge Manjunath Kamath, *Institut of Yog Meditation* and Caroline Paré, *Institute of Reiki and Naturopathy* de from all liability for injury or outcome during or therefore after the retreat, courses and the stay.

PAYMENT

An initial deposit of \$100 is required to reserve. Of this, \$45 administration fees is non-refundable in case of cancellation. Payment for the retreat should be made a month prior to the retreat. Both the deposit and the payment can be paid cash, by cheque to Manjunath Kamath or via transfer at kamathyogi@yahoo.com

Signature: _____ Date: _____