



# The Joyful Buddhas

CULTIVATING SPACE Itinerary 2<sup>nd</sup>-4<sup>th</sup> Nov 2018

# REGISTRATION FORM

## REGISTRATION DETAILS

NAME:

DOB:

ADDRESS:

STATE:

POSTCODE:

EMAIL:

CONTACT NO:

EMERGENCY CONTACT:

## INFORMATION

FOOD ALLERGIES or REQUIREMENTS:

INJURIES:

OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

WHAT DO YOU HOPE TO GAIN FROM THIS YOGA RETREAT:

Please indicate your experience / level on a scale of 0 - 10 (e.g. 0 being none, 5 being intermediate)

YOGA  MEDITATION  FITNESS

## REQUESTED TREATMENTS during your Free Time

*All treatments scheduled upon arrival and dependent on therapist availability.*

## ACCOMMODATION REQUIRED

Please indicate if you require Accommodation for yourself or your group  e.g. 1, 2, 3, 4

## RELEASE

I understand that I am solely responsible for my health and safety, and will not hold retreat leaders responsible for any loss, injuries, or illness that may occur. I will consider the interests of the group, but acknowledge that I may participate in as many or as few activities as I wish.

SIGNATURE: \_\_\_\_\_