



**To Nourish Your Mind, Body and Soul
A Retreat for Women**

Salamander's in Middleburg, VA

Sunday, February 25th thru Tuesday, February 27th

REGISTRATION FORM

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: H: _____ W: _____ C: _____

Email: _____ Best way to contact you: _____

Age _____ Occupation _____



Have you ever participated in a wellness, meditation or yoga retreat? If yes, please describe:

Do you have experience with contemplative practices, i.e.: meditation, yoga, mindfulness, tai chi? If yes, please describe.

Do you exercise regularly? If so, please describe.

Do you have any health conditions that you believe are important for me to know? Are you presently under a physician's care or on medication?

Are you presently under a physician's care or on medication?

Have you been to Middleburg VA? To Salamander's Resort and Spa?

What attracts you to this retreat?



INSPIRATIONAL JOURNEYS MIDDLEBURG, VA 2018

REGISTRATION DETAILS

NAME: _____

EMAIL: _____ **PHONE:** _____

Registration fee is based on your accommodation preference. Note fee exclusions below.

____ **Standard Double Occupancy: Early Bird Rate**
Submit \$250. deposit by December 27th; pay in full by January 15th, 2018) Fee: \$975.

____ **Standard Double Occupancy: Fee: \$1075**

____ **Standard "Single" Occupancy: Please add an additional \$150 to the above listed prices**

____ **YES, I have a rooming request. My friend is _____**

____ **YES! I am registering and paying my deposit of \$250 by December 27th, 2017 and qualify for the early bird discount of \$100 off any registration fee!**

I am paying by:

_____ **Check, enclosed. Please make out to Inspirational Journeys, LLC**

_____ **Credit card, information attached**

_____ **Pay pal, on website**

Credit card (Visa/Master only) Name on card _____

Card # _____

Security code _____ **Expiration date** _____

_____ **I am enclosing a deposit of \$250 only. My payment balance is** _____ **and is due prior to January 15th, 2018. Yes, I understand the policy.** _____ **(initial)**

Fee Includes: Accommodations & resort taxes, breakfast daily, welcoming happy hour and educational program.

Fee Exclusions: Registration fee does not include: Travel/Transportation costs; Snacks; Spa services; Other resort activities; Tips to bellman, maids; Long distance phone calls, or any other amenities.

_____ **Yes, I understand the fees.** _____ **(initial)**

Please list any dietary exclusions or allergies _____

Please list any physical limitations that require special arrangements _____

CANCELLATION POLICY

Seminars of this nature are booked with the Resort/Spa well in advance. Bookings always include deposits. Inspirational Journeys, LLC must pay for the resort accommodation and program fees months in advance and is obligated to pay certain costs even if participants cancel, no exceptions.

The cancellation policy is as follows:

Canceling prior to January 30th, forfeit \$250.

Cancelling prior to February 7th, forfeit 50% of the program fee

Cancelling prior to February 15th, forfeit 75% of the program fee

Cancelling after February 20th, forfeit 100% of the program cost

Please note: Inspirational Journeys, LLC, does not base acceptance of reservations on the bias of gender, ethnicity or skin color, sexual orientation, or religious or spiritual practice. Inspirational Journeys, LLC reserves the right to accept or decline any reservation at any time for any lawful reason. To participate in this program, individuals must be 21 or older. Inspirational Journeys

LLC reserves the right to request a doctor's note for participation/approval, in the event a participant has an acute or chronic health issue. By signing, I agree to the terms within.

Please print your name

Signature

Date

Upon receipt of your registration form, along with your signed copy of the cancellation policy, assumption of risk form, and deposit or full payment, you will receive a letter of confirmation. Additional program information will be forwarded to you in early January, 2018.

Office Use Only

Registration Form Received _____

Deposit Received _____

Full Payment Received via _____



**INSPIRATIONAL JOURNEYS, LLC
Nourish Your Mind, Body and Soul
Middleburg, VA 2018**

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS
AGREEMENT, PERMISSION TO TREAT AND REFER, CANCELLATION POLICY, AND AGREEMENT
TO PARTICIPATE**

Participant's Name: _____

For and in consideration of permitting the undersigned, (*Participant's Name*) _____, to participate in a program, "nourish your mind, body and soul," physical activities, contemplative practices, general activities or any other event sponsored by Inspirational Journeys, LLC, a Virginia Limited Liability Company with address at 19415 Deerfield Avenue #307, Leesburg, Virginia 20176 ("INSPIRATIONAL JOURNEYS, LLC"), the undersigned agrees as follows:

1. ASSUMPTION OF RISK

1.1 The undersigned has been fully and completely advised of the potential dangers incidental to engaging in a program, "nourish your mind, body and soul" activity, travel itineraries, series of activities, or any other event sponsored by INSPIRATIONAL JOURNEYS, LLC ("Activity" or "Activities"). The undersigned fully understands that there is the risk of serious injury or death while participating in Activities. These dangers include, but are not limited to: weather conditions, physical exertions, physical risk, psychological risk, the actions of Activity participants, or illness.

1.2 Because of the dangers of participating in Activities, the undersigned acknowledges the importance of following instructions from INSPIRATIONAL JOURNEYS, LLC and its staff regarding itineraries, health screenings, and other general safety instructions.

1.3 The undersigned hereby asserts his/her participation in Activities is voluntary and he/she knowingly assumes any and all such risks of participation.

2. WAIVER OF LIABILITY

2.1 The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage, death, or loss of any kind whatsoever occurring to him/herself arising as a result of traveling to destination locations, and engaging or receiving instructions in said Activity or Activities incidental thereto wherever or however the same may occur and for whatever period said Activities or instructions may continue.

2.2 The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, discharge, waive and relinquish any action or cause of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, death or loss of any kind whatsoever against INSPIRATIONAL JOURNEYS, LLC its members, employees, agents, representatives, or volunteers, for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

3. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

3.1 The undersigned for him/herself, his/her heirs, executors, administrators, and assigns agrees that in the event any claim for personal injury, property damage, death or loss of any kind whatsoever shall be prosecuted against INSPIRATIONAL JOURNEYS, LLC its members, employees, agents, representatives, or volunteers, he/she shall **DEFEND, HOLD HARMLESS, and INDEMNIFY** INSPIRATIONAL JOURNEYS, LLC its members, employees, agents, representatives, or volunteers from any and all claims or causes of action by whomever or wherever made or presented for personal injury, property damage, death, or loss of any kind whatsoever.

4. PERMISSION TO TREAT AND REFER

4.1 In the event of an injury or illness, I give permission to INSPIRATIONAL JOURNEYS, LLC its members, employees, agents, representatives, or volunteers, to be treated and/or referred for diagnosis and/or emergency treatment if necessary. I give this permission with the full understanding that Dr. Suzanne Nixon and any and all program assistants are not medical doctors, nurses, certified health practitioners of any sorts, or personal trainers.

5. MISCELLANEOUS

5.1 The undersigned will be prepared to participate before participating in an Activity, and in the unlikely event a undersigned fails to be prepared or perform in the Activity, or the undersigned's lack of preparation forces alteration the Activity, the undersigned waives all claims for refunds or damages.

5.2 The undersigned agrees to consult his or her physician and/or psychotherapist prior to participating in any Activity, if physically or psychologically indicated, and INSPIRATIONAL JOURNEYS,LLC requires said consultations being done prior to the undersigned participating in any Activity.

5.3 The undersigned agrees to take responsibility for his or her general health. If the undersigned has any physical or psychological conditions or limitations, or is presently under the care of a doctor, the undersigned agrees to provide written permission from his or her physician and/or psychologist/psychiatrist for permission to participate.

5.4 If any provision of this document is held to be unenforceable, such provision shall be reformed only to the extent necessary to make it enforceable. If the provision cannot be reformed, it shall be deemed omitted, without any effect on the remaining terms of this Agreement.

5.5 This document will be deemed entered into in Virginia and will be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. The venue of any legal proceedings shall be in the state and Federal courts having jurisdiction over Loudoun, County, VA

ACKNOWLEDGMENT

The undersigned has read the foregoing "assumption of risk", "waiver of liability", "indemnification and hold harmless agreement", "permission to treat and refer", and "miscellaneous" sections of this document, fully understands their terms, and understands that he/she is giving up substantial rights, including the right to sue. The undersigned acknowledges that he/she is signing the agreement freely and voluntarily.

Participant Signature

Date

BRIEF SURVEY

WHAT ASPECTS OF THE PROGRAM APPEAL TO YOU THE MOST?

Check all that apply.

- Meditation and/or yoga
- Mindful Conversations
- Destination location
- Daily Walks
- Spa resort accommodations
- Time of year
- Cost
- Length of program
- The opportunity to connect with myself and others in an environment away from home
- The opportunity to connect with like-minded people
- Knowledge and expertise of the leader(s)
- Being with women (if an all women program)

- Other _____

Additional Comments?

Name _____

Thank you!

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