

**Sacred Sensuality Retreat
Villa Can Terra Ibiza, Spain
October 7th - 14th 2017**

Trip Participant Agreement Terms and Conditions

Please read and sign all 7 pages and email to zinnia.gupte@gmail.com

Name: _____

Mobile Phone: (_____) _____ Home Phone: (_____) _____

Address: _____ City: _____

State: ____ Zip Code: ____ - ____ - ____

E-mail address: _____

Emergency Contact Info:

Name _____ Relationship: _____

Phone: (_____) _____

Medical Alert (injuries, physical limitations, ailments, pregnancy, etc.)

Food allergies or dietary
restrictions _____

Reservation:

A \$2255 non-refundable deposit (single occupancy) per person will secure space on a first come basis

A \$2000 non-refundable deposit (double occupancy) per person will secure space on a first come basis

This retreat is for adults 18 years of age or older. The total cost for Sacred Sensuality Ibiza, Spain Retreat is based on accommodation selection.

Single Occupancy: 1 person per room (1 bed and private bath) \$5,600 per person
Double Occupancy: 2 people per room (2 beds and private bath) \$5,000 per person
Beds are queens, doubles. You can choose your roommates yourself or we can do it for you. Roommate(s)

_____ Payment in full including NON-REFUNDABLE DEPOSIT \$5,600 (single room)
\$5,000 (double room)

_____ NON-REFUNDABLE \$2255 Deposit (single room) \$2000 Deposit (double room)

Balance due by August 15th 2017 or sooner

Initials _____

Trip Price Includes:

Accommodations for 7 nights

Daily Yoga:

Yoga classes will alternate between yin yoga, gentle yoga stretch, sensuous dance, sacred movement and flow, meditation, sound healing, and voice work (feminine chanting).

Meals:

Lunch and dinner on day of arrival

Breakfast

Snacks

Dinner

Breakfast on day of departure

Daytime meals and evening meals may include meat and fish.

Kosher meals are not available.

Meals are a set menu. It is not possible for individual orders.

Airport transfers:

Pick up and drop-off to and from the airport to luxury villa in luxury Mercedes vans twice a day in morning and afternoons on days of check-in and check-out.

Initials _____

Trip Price Does Not Include:

- Airfare to and from Ibiza, Spain.
- A few glasses of wine provided per customer per day. Other alcoholic beverages (beer, liquor and specialty drinks are not available)
- Spa Treatments like facials, manicures and pedicures.
- Tours, Excursions and clubbing outside retreat itinerary are not available
- Clubbing concierge and tickets are not available.
- Sunset drinks outside of the villa at restaurants, non-alcoholic and alcoholic beverages (beer, wine and liquor not included in the price.

Initials _____

Cancellations / Refunds:

All requests for cancellation must be submitted in writing. The following outlines cancellation policies:

- \$2235 (single room) and \$2000 deposit (double room) is non-refundable
- No refunds given for cancellations on or after August 15th 2017. Credit can be given for future retreats.

If the participant arrives late to retreat or leaves prior to its conclusion, refunds will not be made for any unused portion of the retreat. No refunds will be made for meals, yoga classes or other activities that the participant misses or decides not to participate in for any reason.

Initials _____

Travel insurance:

It is recommended for all participants to purchase travel insurance. Your travel insurance should provide coverage against trip cancellation or interruption, personal accident, illness, death, medical expenses and emergency repatriation.

Initials _____

Medical facilities & medical emergency

In case of emergency, we have access to English and Spanish-speaking medical services nearby in San Miguel. The Ibiza Medical Centre offers 24 hours emergency service and can be reached at +34 971 334 060 and information is available on their website <http://www.ibizamedicalcentre.com/en/>

The Ibiza Medical Centre is equipped with everything needed to provide a service for emergency and primary care to provide you with a complete family medical service to all patients who need it. The medical staff and ambulance service is 24 hours, always attentive to any medical eventuality that may arise.

Initials _____

Passport:

A passport is required to enter Ibiza, Spain. Each participant is responsible for determining their specific passport requirements and obtaining the necessary documents prior to departure. The process for obtaining a new passport can take 4-6 weeks. U.S. citizens may visit Europe for up to 90 days only. Non U.S. and non-European citizens must consult with appropriate consulates to determine if any visas are needed.

Initials _____

Photographs / Video:

Sacred Sensuality retreats may be photographing and digitally recording parts of the retreat and reserves the right to use any such photographs / videos / digital recordings in its advertising, displays, publicity materials and publications without obtaining further consent from any participant.

I grant Sacred Sensuality Retreats permission to use their likeness in written publications and documentation, and on audio, video, television and the internet. I release, discharge and agree to hold harmless Sacred Sensuality Retreats from any liability that may occur in the reproduction of the finished product.

All profits, proceeds and income resulting from the production, distribution, sale and promotion of this product are the exclusive property of Zinnia Empowerment Media LLC, Rockville Maryland.

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Agreement of Release and Waiver of Liability:

I am aware that participation in yoga classes with affiliates of Sacred Sensuality Retreat (“The Retreat”) involves physical activity. I acknowledge that a certain minimum level of physical health, strength, fitness & flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury that I voluntarily assume.

I agree to release from liability and waive the right to sue Zinnia Empowerment Media, LLC (“The Company”) its employees, agents, volunteers and assigns from all liability for injury, damage, loss, delay or irregularity from my participation in this Activity, travel to and from The Retreat (including air travel), or any events incidental to the Retreat.

Initials _____

Voluntary Participation in Physical Activity

I acknowledge that I am voluntarily participating in the Retreat with Company, which may include physical activity including walking, stretching, dancing, swimming, yoga, Retreat Classes, and various other exercises or physical activity (“Physical Activity”). I acknowledge that I am fully aware of the risk of injury (e.g., falls, muscle strains, pulls, tears, shin splints, and other back pain), and that I voluntarily participate in such Physical Activities as part of the Retreat. These injuries or outcomes may arise from my own or other’s actions, inactions, or negligence, or the condition of the facilities. Nonetheless, I assume all risks of my participation in The Retreat, whether known or unknown to me, including travel to and from The Retreat (including air travel) or any events incidental to The Retreat.

Initials _____

Health and Fitness Eligibility

I am over the age of eighteen (18) and am healthy, in good physical and mental health, and am at a level appropriate to participate in, and are fully capable of participating in, the Retreat. I do not suffer from any medical conditions or disabilities that may restrict, limit, prevent, or preclude my participation in the Retreat, including any Physical Activities. In the event of potential medical conditions that may affect my participation in The Retreat, I shall consult with the appropriate health care professional prior to the Departure Date and obtain clearance, evidenced by a health professional’s note.

Initials _____

Injury

In the event I am injured while participating in The Retreat, I agree to assume all financial obligations for any and all medical costs. I acknowledge and agree that in no event shall The Company be liable or responsible for any losses or liabilities arising out of my participation in The Retreat. I am aware that The Company does not provide health insurance for me and that I should carry my own health insurance.

Initials _____

MEDICAL QUESTIONNAIRE

While we encourage your participation in the retreat, your health is very important to us. Please complete the form so we can assess your safety and well being. All information provided will be treated in confidence. Softer poses and dancing options are always available. We will not push you past your physical limits.

Have you attended any yoga classes before? **YES** **NO**

If yes, please give details.

Are you currently undergoing any medical treatment or have you recently had an operation? **YES** **NO**

If yes, please give details.

Do you suffer from diabetes? **YES** **NO**

If yes, please give details of how this is controlled.

Do you or have you ever suffered from epilepsy? **YES** **NO**

If yes, please give details.

Do you suffer from high or low blood pressure? **YES** **NO**

If yes, please give details.

Do you have any back problems or back injuries? **YES** **NO**

If yes, please give details.

Have you had any fractures in the last 2 years? **YES** **NO**

If yes, please give details.

Have you a history of pulled ligaments or tendons? **YES** **NO**

If yes, please give details.

Are you pregnant? Have you had a baby recently? **YES** **NO**

Are you breast-feeding? If yes to any part, please give details.

Do you smoke? Do you suffer from respiratory problems? **YES** **NO**

If yes, please give details.

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My signature below acknowledges all terms and conditions of this document

Participant Printed Name:

Participant Signature Date

Zinnia Empowerment Media LLC Signature Date