

# 4th Annual Yoga Retreat Registration ~ APRIL 24-26, 2020

This is your Registration Form for The 4th Annual Yoga Retreat hosted by "Yoga by Bethanie, LLC." \*\*\* You will be required to bring your formal written waiver upon arrival at Retreat.\*\*\*

\* Required

1. Email address \*

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2. Full Name \*

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3. Gender \*

*Mark only one oval.*

☐

Female

☐

Male

4. Date of Birth (All participants must be at least 18 years of age at the time of Retreat) \*

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5. Full Mailing Address including Zip Code \*

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6. Primary Contact Phone # \*

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7. Have you ever practiced yoga before? \*

*Check all that apply.*

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Yes - Traditional yoga practice

☐

Yes - A Christ-Centered yoga practice

☐

Never practiced yoga before

8. I hereby consent as a participant in Yoga by Bethanie, LLC yoga classes and agree to assume all of the risks involved. I understand that Yoga by Bethanie, LLC does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Yoga by Bethanie, LLC or appointed or affiliated Yoga by Bethanie, LLC teachers or host sites personally responsible for any liability. \*

*Check all that apply.*

☐

Agree

9. I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. \*

*Check all that apply.*

☐ Agree

10. I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Yoga by Bethanie, LLC activities. I declare that I have disclosed any and all relevant medical history to Yoga by Bethanie, LLC and/or their affiliates relevant to participation. \*

*Check all that apply.*

☐ Agree

11. I agree that Yoga by Bethanie, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. \*

*Check all that apply.*

☐ Agree

12. I agree that Yoga by Bethanie, LLC may use touch therapy and/or hands on adjustments as needed for proper alignment and/or additional stretch. \*

*Check all that apply.*

☐ Agree

☐ I Decline Touch Therapy & Adjustments

13. I understand that I will be required to sign a formal written waiver upon my arrival at Retreat. \*

*Check all that apply.*

☐ Agree

14. I'd like to purchase a Retreat T-Shirt (Cost will be determined based on number ordered but will be UNDER \$25) \*\*\*CHOOSE SIZE & STYLE\*\*\* Shirts must be pre-ordered, No extras will be available. Payment required upon arrival at Retreat. \*

*Mark only one oval.*

☐ STYLE - Men's

☐ STYLE - Women's

☐ SIZE - XS

☐ SIZE - S

☐ SIZE - M

☐ SIZE - L

☐ SIZE - XL

☐ SIZE - XXL

☐ No Thank you

15. **Your Requested Roommate, First & Last Name**  
(List only one person. Your requested roommate must also put YOUR name as THEIR request) - We promise to honor these requests if possible. \*
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16. **Do you NEED a private room (due to medical needs or sleep patterns/snoring) \*No Additional Cost**

*Mark only one oval.*

- ☐ No  
☐ Yes

17. **Do you have a special dietary restriction \*No Additional Cost \***

*Check all that apply.*

- ☐ None  
☐ Dairy Free  
☐ Gluten Free  
☐ Vegan  
☐ Vegetarian  
☐ Other: \_\_\_\_\_

18. **Your Completed Registration & Non-refundable Deposit will register you for this Event. Early Bird Pricing ends on January 24, 2020. \***

*Mark only one oval.*

- ☐ (Early Bird) Full Payment \$220  
☐ (Early Bird) \$100 Deposit - Remaining Balance of \$120 is Due Before March 24, 2020

19. **I understand that my deposit/fee is non-refundable if I am unable to attend THE GATHERING Retreat. In this case, I will notify [YogabyBethanie@gmail.com](mailto:YogabyBethanie@gmail.com) as soon as possible. When I find another paying participant who will fill my spot I will receive a refund (Refund will be issued by check 7-10 business days after full payment is received by substitute participant). \***

*Check all that apply.*

- ☐ Agree

20. **Choose One (Your Registration is only complete when payment is received) \***

*Mark only one oval.*

- ☐ I will pay via FB Messenger with my Visa/MC DEBIT CARD within 48 hrs  
☐ I will pay electronically via Venmo within 48 hrs: [www.venmo.com/YogabyBethanie](https://www.venmo.com/YogabyBethanie)  
☐ I will mail a check PAYABLE TO: Bethanie Meredith P.O. Box 807, Canfield, Ohio 44406

**21. I would like to help someone else attend by providing a full or partial scholarship. \****Check all that apply.*

- ☐ Yes - I will provide a full scholarship, please contact me.
- ☐ Yes - I will provide a partial scholarship, please contact me.
- ☐ Not this time.

**22. My Full Name - Once Again \***

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A copy of your responses will be emailed to the address you provided

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