

Living the Miracle Retreat
Shrine Mont, Orkney Springs, WV
July 18 - 20, 2008

Registration

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone number: _____ CellPhone: _____

Email: _____

Emergency Contact (Name, Relationship, Phone, Email): _____

Day of Arrival: Friday Afternoon or Saturday Morning: _____

Comments/Special Requests: _____

Main Reasons for Attending the Retreat: _____

Roomate Preference (if known): _____

\$378 Total Cost (on-site lodging, meals, event fee)

\$150 Non-refundable Deposit due by June 18

\$228 Balance due by July 11

\$267 Cost of Retreat and Meals minus Lodging (find lodging on your own)

*Please make checks payable to **Arayu Productions** and mail Registration and Waiver forms to:*

Arayu Productions
13313 Country Way Circle
Fredericksburg, VA 22407

Notes, Waiver and Disclaimer

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BY CHECKING BELOW, YOU AGREE TO AND ACCEPT THE FOLLOWING TERMS AND CONDITIONS:

In attending and participating in this program, you are doing so at your sole risk and responsibility. Arayu Productions, LC shall not be liable in any way whatsoever (including, but not limited to, negligence) for any special or consequential damages resulting from either your attendance or participation at the event. You agree that Arayu Productions is responsible only for the orderly presentation of the program and that you are responsible for your own participation in the program and your own physical, mental, and emotional well being.

CONFIDENTIALITY: You acknowledge and agree that all materials, concepts and information available during the program, including methods, exercises, worksheets, products, designs and wording are proprietary and that their use is restricted. Use of the content or materials for any purpose (other than personal use) without written permission from Arayu Productions is strictly prohibited. It is also understood that strict confidentiality regarding statements made by participants, as well as sharing participants names, is upheld.

PHYSICAL AND MENTAL HEALTH RISKS: You hereby release Arayu Productions, LC, its representatives, agents, and employees, from liability for any injury or illness you may incur, now or in the future, as a result of participating in the activities offered to you at the program. The program is not a substitute for medical treatment, psychotherapy, or any health program. You are responsible for your health and well being at all times during the program.

INFORMED CONSENT: You represent that you have not registered in the program to handle a physical, mental, or emotional problem and understand that no portion of the program is delivered or supervised by health professionals. You know of no episodes in your past history or that of your immediate family, which suggest to you that you have a mental or emotional disorder or a recurring and unresolved mental or emotional problem. Further, you know of no recurring symptoms, physical or mental, which suggest to you that you may not be able to handle the types of activities described to you as part of the program. You promise to inform the program staff if, at any time during the program, you experience any physical sensation or mental or emotional discomfort which you consider to be out of the ordinary.

I Agree.

Signature