

**Dr. Murali's Wellness Inc. Retreat Program**

445 Summit Road, Watsonville, CA 95076

Phone: (510)724-6712

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**Waiver Form & Policies**

Participant (people registered for this Wellness Retreat Program shall be known as participants) shall indemnify, defend and hold the Wellness Retreat Program harmless from any claims, actions, damages, costs and expenses (including attorneys' fees and costs) resulting from the loss of life, injury or damage to property arising from any occurrence related to participant's activities on the Wellness Retreat Program, or caused wholly or in part by any act or omission of participant. Participant waives any potential claim by participant against the Wellness Retreat Program in the event of any such occurrence.

This agreement is intended to be a complete statement of the terms and conditions of the program, and for the protection of both parties, no modification of this agreement can be done and is required to be in writing signed by the participants or it will not be deemed enforceable. This contract shall be void unless signed by Participant and returned to the Wellness Retreat Program with the required payments at time of registration in full.

All participants agree to abide by the general rules in the package handed over regarding keeping the peace and quiet of the retreat, no alcohol or meats in premises, and other requirements. Anyone causing a disturbance or not following the policies will be taken out of program with no refund.

**Note:**

This program may be subject to last minute changes. If program is cancelled due to unforeseen circumstances, all money will be refunded.

**Damage waiver:**

If participant causes any damage to property or person, the retreat program will not be held responsible or liable to pay any money towards the damages.

**Medication policy:**

All participants agreed to bring their own medications including any emergency supplies or epipens, inhalers, etc. We are not liable/responsible for any loss or emergency that arises from lack or loss of medication causing any medical problem, physical or mental.

For any food allergies, please let the kitchen know so they can work around it.

All participants agree to take care of cost /own transportation and travel arrangements. The Retreat is not responsible for arranging for any travel related expenses or booking.

The amount charged for the retreat includes accommodation, all the sessions, and all meals (only if staying at the retreat includes a massage) and an antioxidant scan.

For those signing up for the daily day sessions:

Cost: \$550 for attending all sessions for every day of the program, excluding free massage, yoga, and meals. Accommodation and travel in and outside retreat is your responsibility.

**Disclaimer:**

Participant acknowledges that this program is an educational one and is in no way a treatment, cure or diagnosis of any illness or medical condition. In addition, we recommend strongly that no medications be discontinued or diet be changed without prior consultation with your doctor.

**Cancellation Policy:**

If I cancel registration for the Murali Wellness Retreat Program August 23rd, 4 pm to August 26th, 1 pm 2018 or September 6th 4 pm -September 9th 1pm,

I will lose:

- 30% if canceled after July 20th, 2018
- 60% if canceled after July 31st, 2018
- 100% if canceled after August 10th, 2018

This amount, once paid, is not transferrable to another retreat program run by us or to another person.

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\_\_\_ I have read all of the above, and understand and agree to it.

**Amount Paid:** \_\_\_\_\_ **Dates of retreat** \_\_August 2018 \_\_ September 2018

**Room (circle one):** dorm triple double single with / without bathroom

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT #2:**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_