

HEALTH & PARTICIPATION DISCLAIMER FORM

Wild Wellness Retreat Day

PERSONAL DETAILS

Full Name: _____

Date of Birth: _____

Email: _____

Phone: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

MEDICAL INFORMATION

Do you have any medical conditions or injuries we should be aware of?

Yes No

If yes, please provide details: _____

Do you have any allergies or intolerances?

If yes, please provide details: _____

Do you have anaphylaxis (e.g. to bee or wasp stings, nuts, etc.)? Yes No

If yes, please provide details: _____

MOBILITY & ACCESS

Do you have any mobility limitations or access requirements we should be aware of?

Yes No

If yes, please provide details: _____

MEDICATION

Are you currently taking any medication?

Yes No

If yes, please provide details: _____

Will you need to take any medication during the retreat? Yes No

If yes, please provide details: _____

PREGNANCY

Are you pregnant?

Yes No

If yes, please provide details: _____

ACKNOWLEDGEMENT & CONSENT

- I understand that yoga, breathwork, meditation, bushcraft and outdoor activities involve a level of physical exertion.
- I confirm that I am voluntarily participating in this retreat and take full responsibility for my health and wellbeing.
- I understand that I should listen to my body and rest or opt out of any activity if I feel discomfort.
- I understand that this retreat is not a substitute for medical advice or treatment.
- I will inform the facilitators of any changes to my health prior to or during the retreat.
- I agree to follow all instructions given by the facilitators for my safety and the safety of others.
- I understand that the facilitators accept no liability for any injury, loss or damage sustained during the retreat, except where caused by their negligence.

PHOTOGRAPHS

Photographs may be taken during the retreat for promotional purposes. Please tick your preference:

I consent to photographs being used.

I do NOT consent to photographs being used.

SIGNATURE

I have read, understood and agree to the terms above.

Signature: _____

Printed Name: _____

Date: _____

Thank you for joining us.

WE LOOK FORWARD TO SHARING THIS SPECIAL DAY WITH YOU.