



Geodona, LLC, DBA Sedona Meditation Experiences
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Sedona Meditation Retreat: *Silent in Sedona*

Thank you for your interest in a meditation retreat with us! Please read and complete the following.

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Mobile? Yes No

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Retreat Days in Sedona: Sept 10 - 13, beginning 4:30 pm on Sept 10 and ending 10:00 am Sept 13.

The retreat includes the following:

- Meals (3 dinners, 3 breakfasts, 2 lunches), snacks, coffee/tea, water
- Guided meditation & contemplative practices
- Opportunities for reflection, journaling, and personal retreat time
- Awareness practices indoors and out
- Light hiking on trails
- New Moon ritual Thurs night
- Optional: Lodging; no-host brunch on Sunday at a local restaurant

Transportation is NOT included.

1. There will be some light walking / hiking involved in this retreat as well as sitting for extended periods. Describe any injuries/conditions you have that could affect your time in the retreat:

2. What is your experience with meditation? Any formal training?

3. Have you ever attended a silent meditation retreat? If so, please elaborate.

4. What inspired you to attend *Silent in Sedona*?

Dietary Needs

5. Do you have any food allergies, sensitivities, or dietary preferences we should know about?

- Vegetarian
- Vegan
- Gluten-Free
- Dairy-Free
- Other: _____

6. I understand that this retreat includes extended periods of Noble Silence and that participants will be asked to refrain from conversation except during designated discussion periods. Michele will speak to instruct and guide awareness practices during this time, but participants will respect the silence.

- Initial here: _____

Sedona Meditation Experiences Retreat Agreement of Release and Waiver of Liability

I, (print name) _____, hereby agree to the following:

1. That I am participating in the *Silent in Sedona Meditation Retreat* offered by Geodona, LLC, DBA Sedona Meditation Experiences, during which I will receive information and instruction about meditation and mindfulness. I recognize that meditation outdoors may require some physical and emotional exertion, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the *Silent in Sedona Meditation Retreat*. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the Meditation Retreat.
3. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know I am participating in this Meditation Retreat. I assert that I am of fit health to participate in the Meditation Retreat.
4. In consideration of being permitted to participate in the Meditation Retreat, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the retreat.
5. In further consideration of being permitted to participate in the Meditation Retreat, I knowingly, voluntarily and expressly waive any claim I may have against Sedona Meditation Experiences or Michele Mattix, for injury or damages that I may sustain as a result of participating in the retreat. I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Geodona, LLC, DBA Sedona Meditation Experiences, or Michele Mattix for any injury or death caused by their negligence or other acts.
6. **CANCELLATION POLICY** -I understand that there is a \$100 non-refundable deposit. Further, I understand that refunds (less the \$100 deposit) are available for cancellations made by Aug 15; a 50% refund is available for cancellations made Aug 16–31; and that no refunds are available for cancellations after Sept 1 unless the space can be filled. Should the event be canceled by Sedona Meditation Experiences, all monies will be refunded back to participant.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree and confirm being invited to consult legal counsel before signing below.

Signature of Participant

Date

Media Release Form

I, _____, grant permission to Sedona Meditation Experiences, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 20 years of age)