

HOPEWOOD *Holistic Health*

PO Box 1104 Athens, Ohio 45701

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740.590.3954

Creating a sense of place, Finding Yourself in the World

Registration Form

Name: _____

Phone:(h) _____ (w) _____

Email: _____ Address: _____

Name of Event: _____ Date of Event: _____

Number attending: _____

Full Cost: \$ _____ Amount of Deposit \$ _____

Type of Payment: Check # _____ Cash _____ Other _____

PART ONE: By signing the following **Acknowledgement of Risk/Medical History** you are expressing full understanding and personal risk while participating in events with Hopewood Holistic Health/Holistic Journeys. Activities may include yoga, meditation, Reiki, hiking, camping, sharing housing with others, using outdoor facilities and international travel that might include ponds, lakes, rivers, oceans for swimming and water sports, snorkeling, boating or hot tubs, trails for hiking, biking, caving, horse riding, zip lines. All events have hidden concerns (twisted ankles, insects, falls, heat/cold issues) Please follow safety protocols, ask questions and always, assess your physical ability to participate.

Our facilitators, instructors or guides are trained in basic safety and first aid, and specific skills for scheduled activities. They will do their best to orient you to the expectations of each activity while keeping your comfort, safety and chosen goals in mind. As participants over the age of 18, *common sense and personal responsibility* are expected while enjoying the amenities at Hopewood or during activities. With this stated, Hopewood, nor its facilitators/guides can be held liable for any accidents that may occur while on our grounds, shared grounds, while traveling to and from sites or while on your own time before or after events. Medical and/or travel insurance is required with emergency contact and any special treatment protocols outlined. It is also your responsibility to let us know if you have specific medication for allergies (EpiPen) or other medications that may need to be accessed or *administered* (?) in the case of an emergency. Please let all staff (and your roommate) know if that may be the circumstance.

By signing and completing the brief medical history below you will be acknowledging your responsibility as a participant and releasing Hopewood and staff of liability related to any incidents beyond our control during scheduled events or your medical condition. We also request that as you enjoy Hopewood events, you uphold the sacredness and beauty of the any area and or culture norms.

Date _____ Signature _____

PART TWO: MEDICAL HISTORY & TREATMENT PROTOCOL

List any existing medical conditions or allergies: _____

Medications and dosage: _____

(We do not subscribe to HIPPA forms but respect your privacy fully. We only need to know specific medication that might be pertinent to an event.)

Treatment Protocol including attending health care provider, choice of hospital or treatment, emergency contacts:

GOALS AND DESIRES OF EVENT

1. _____

2. _____

3. _____

PART THREE: Photo/Social Media Release

By signing below, you are giving permission to Hopewood and staff to use your photo in social media and on our web page. We will always do our best to show you these photos or videos first and of course use only appropriate photos for public view. If you are not interested, especially in group photos situations please make sure you make that decision before set is taken and people disperse. Will we do our best to honor this, but we cannot be held liable if other members of the group take photos and post them without our knowledge.

Signature _____ Date _____

Please return with full payment or appropriate deposit. Payment must be made prior to any event according to fees & deposit schedule outlined. There is a non refund policy for programs under \$70.00 for cancellation 30 days prior to an event. Other refunds will be stated in specific program descriptions. In case of program cancellation by Hopewood, all fees will be reimbursed, in case of cancelation beyond our control all deposits will be returned except for a \$75.00 processing fee. When participating in any travel event (national or international) a copy of your passport, driver's license or photo ID must accompany these forms. We require you carry appropriate international or travel insurance as Hopewood Holistic Health is not liable for cost of transport or treatment in an emergency. Be and Be Well, Thanks, Rebecca