

**Radiant Health Retreats  
Waves of Bliss Women's Wellness Retreat  
Application Form**

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

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Do you have any health concerns that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

**Radiant Health Retreats Waiver**

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This Agreement is made today between Boulder Nutrition and its staff and employees, and the person named at the end of this document, [the Participant].

TRAVEL INSURANCE By signing this document you acknowledge that Boulder Nutrition advised you to purchase travel insurance. In signing this you agree that you have either purchased travel insurance and you release Boulder Nutrition and all of its employees, staff, counsel and affiliates from any and all liability or that you declined travel insurance and you release Boulder Nutrition and all of its employees, staff, counsel and affiliates from any and all liability for safety, loss or damage on the Waves of Bliss Women's Health Retreat, November 6<sup>th</sup> through 13<sup>th</sup>, 2010.

REFUND POLICY

20% of the total cost is nonrefundable. 80% of the total cost is refundable until July 15<sup>st</sup>. 50% of the total cost is refundable until August 15<sup>th</sup>. 30% of the total cost is refundable until September 15<sup>th</sup>. No refunds are available after October 1<sup>st</sup>, barring Acts of God.

PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS

The Participant acknowledges that the Participant takes full responsibility for the Participant's life and well-being, as well as the lives and well-being of the Participant's family and children (where applicable), and all decisions made during and after this Retreat.

The Participant expressly assumes the risks of the Retreat, whether or not such risks were created or exacerbated by Boulder Nutrition. The Participant releases Boulder Nutrition and its staff members, their heirs, executors, administrators and assigns, its officers, directors, shareholders, employees, teachers, lecturers, agents, health counselors and staff (collectively, the Releasees) from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law, admiralty or equity, which against the Releasees, the Client\_ever had, now has, or will have in the future against the Releasees, arising

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from the Participant past or future participation in, or otherwise with respect to, the Retreat, unless arising from the gross negligence of the Releasees.

## CHOICE OF LAW, ARBITRATION AND LIMITED REMEDIES

This agreement shall be construed according to the laws of the State of Colorado. In the event that any provision of this Agreement is deemed unenforceable, the remaining portions of the Agreement shall be severed and remain in full force. In the event a dispute arises between the parties, either arising from this Agreement or otherwise pertaining to the relationship between the parties, the parties will submit to binding arbitration before the American Arbitration Association (Commercial Arbitration and Mediation Center for the Americas Mediation and Arbitration Rules). Any judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to the Participant in the event that an award is granted in arbitration, is refund of the Retreat Fee. Without limiting the generality of the foregoing, no award of consequential or other damages, unless specifically set forth herein, may be granted to the Participant.

If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Participant acknowledges that: (1)he/she has received a copy of this letter agreement; (2)he/she has had an opportunity to discuss the contents with Boulder Nutrition and, if desired, to have it reviewed by an attorney; and (3) the Participant understands, accepts and agrees to abide by the terms hereof.

Participant name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please print, fill out and mail this form to:**

**Sue Van Raes  
1345 Elder Ave  
Boulder Colorado  
80304**

Please call 720-289-6254 or email [sue@BoulderNutrition.com](mailto:sue@BoulderNutrition.com) with further questions