

Dear Participant,

Heather Zollman Retreats has been created for you to connect with yourself and nature through movement, breath, meditation and activities for personal growth and adventure. My goal is to provide you with an opportunity to deepen your experience, explore, connect with yourself and nature on a deeper level, learn tools to implement into your daily life, and ENJOY. These retreats may involve risks and uncertainties during our time together. Therefore, I ask that you read and sign this waiver of liability. By signing it, you will be indicating that you understand the risks and take responsibility for your physical and emotional well-being. I hope that if anything comes up for you during your stay, that you reach out for help if you need something. Staying grounded in your body, pausing before acting, and seeking assistance when necessary helps to avoid accidents and injuries.

ASSUMPTION OF RISK:

I acknowledge that I have voluntarily applied to participate in a PAUSE Women's Retreat with Heather Zollman, referred to below as "this event."

In consideration of Heather Zollman accepting my application for participation in this event, I agree to this release of claims, waiver of liability and assumption of risks.

On behalf of myself, my heirs, my executors, successors, administrators and any other person who may have an interest by common law or by operation of statute, I hereby waive any and all claims I or such parties may have now or in the future. I release from liability Heather Zollman for any personal injury, property damage or loss or any nature suffered by me as a result of participation in any activity on the retreat.

I release from liability Heather Zollman for any cause whatsoever including those arising out of, or in any way connected to or occasioned by the negligence of the releases.

- Terrain: natural areas are subject to natural forces which can result in obstacles or hazards.
- Animals: Hiking and any other activities in natural areas may result in encounters with animals and insects which may injure.
- Weather: may change rapidly, presenting significant challenges.

Initial _____

RELEASE:

As consideration for being permitted by Heather Zollman to participate in these activities, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue or attach the property of Heather Zollman for injury or damage resulting from acts, howsoever caused, as a result of my participation in this event. I hereby release Heather Zollman from all actions, claims or demands that I, heirs, distributees, guardians, and legal representatives, now have or may hereafter have for injury, damage, or death resulting from my participation in this event.

Initial _____

I am medically, physically, emotionally, and in all respects fit and able to participate in this event. I have no medical requirement or condition except what is outlined in the registration form.

I agree I will be fully and financially responsible for my own physical condition and well-being during the retreat, and will follow the safety precautions and instructions prescribed by Heather Zollman.

I acknowledge that Heather Zollman may make suggestions from time to time that are intended to help me and my well-being. However I take ultimate responsibility for my choices and realize that she is not a licensed medical provider and I must consult my doctor.

If I experience pain or discomfort during the retreat, I will modify Heather Zollman's instruction to suit my individual needs. I will not hold Heather Zollman responsible for any pain or discomfort I experience during or after the retreat.

I have read and carefully understand this agreement with Heather Zollman and sign it of my own free will.

CANCELLATION POLICY:

No refunds shall be given if participant decides to opt out of the retreat unless the participant finds a person who has gone through the application process and is approved by Heather Zollman, to transfer their registration and fill their spot. If Heather Zollman for whatever reason decides to cancel the retreat, a full refund of what was paid to Heather Zollman will be given to the participant.

Signature: _____ Date: _____

I understand no deposits, partial payments or refunds shall be granted and I sign up for this retreat acknowledging that Heather Zollman is not responsible for my opting out of the retreat for any reason.

Initial: _____

***In the rare event a participant does not sign or return his waiver, participants' deposit and/or payment shall constitute as consent and understanding to the above terms and conditions.

PHOTOGRAPHY RELEASE:

I hereby grant permission to Heather Zollman/Yoga Mama'Z, LLC to use photographs and/or video of me taken at this retreat in publications, social media, marketing, and other communications related to Heather Zollman Retreats, Spirit Journey & PAUSE Retreats and Yoga Mama'Z.

Signature: _____ Date: _____