## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

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

1. That I am participating in the Yoga Retreat offered by Linda Stephens Wellbeing, during which I will receive information and instruction about yoga and women's health. I recognise that yoga requires physical exertion and I am fully aware that although minimal, there are always potential risks involved.

2. I represent and warrant that I have no medical conditions that would prevent my full participation in the Yoga Retreat which may include an Atlas mountain walk. I understand that it is my responsibility to consult with a physician prior to the Yoga Retreat if I have any health concerns.

3. In consideration of being permitted to participate in the Yoga 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, including any and all activities done with the Yoga Retreat group, OR as an individual at Tigmi Hotel. Any visits into Marrakesh and surrounds are entirely at the participants own risk.

4. In further consideration of being permitted to participate in the Yoga Retreat, I knowingly, voluntarily and expressly waive any claim I may have against Linda Stephens Wellbeing and her co-hosts 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 Linda Stephens or her co-hosts for any injury or death sustained during the retreat.

5. It is a **necessity** that Travel Insurance is taken out covering flights, personal possessions, health, hospital cover etc for your stay in Marrakech.

6. CANCELLATION POLICY - Should participant cancellation occur within 25 days of the event for any reason, 50% of fees are forfeited. Should the event be cancelled by Linda Stephens Wellbeing for any reason, all retreat fees 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:** _____ **Date:** _____

**Print Name:** _____