

## Retreat Registration Form

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

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Dietary Restriction:

Allergies: \_\_\_\_\_

Dietary needs: \_\_\_\_\_

### Accommodation Preference:

Room type:     single/double

Roommate preference: (if any)

\_\_\_\_\_

Medical conditions:

\_\_\_\_\_

## LANA'S ENCHANTED SKYE

### -WAIVER-

Lana's Enchanted Skye projects, seminars, sessions, and interactions use numerous exploratory techniques to assist individuals and participants in maximizing internal communication. These techniques, depending upon the seminar, appointment, event or venue include: age regression, altered-state-of-consciousness explorations, metaphysical research, paranormal studies, psychic phenomena, progressive therapies, divination techniques and encounters, hypnosis, animal communication, Reiki, Chakra, and various forms of verbal release and sharing. All seminar participants should know that self-examination, personal insights, and verbal release may be exciting, stimulating, and traumatic. If you have a mental or physical condition that would make it unwise to participate with us please bring awareness of this knowledge and we advise you to reconsider your participation. Please realize the seminars, encounters, and events are not psychotherapeutic in nature. We know of no case nor have any knowledge of any case on record where an individual has ever been harmed in any way by attending any of Lana's Enchanted Skye seminars, events, interactions, video projects, or sessions. We do know of hundreds of cases where individuals have benefitted in many ways. As a general practice, everyone attending the seminar, event or taping must abide by the rules and sign the following waiver.

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### **Lana's Enchanted Skye Participation Rules**

- 1- No Alcoholic beverages or any type of illicit drugs allowed, including marijuana;
- 2- No loud or aggressive type of behavior;
- 3- Everyone must be respectful;
- 4- Any issues must immediately be brought to Lana or someone from the team;

**\*Please be advised that failure to abide by any of the rules will result in immediate removal from the seminar by authorities and no refunds or partial refunds will be given.**

-WAIVER-

I am of legal age and in consideration of my acceptance as a participant in any Lana's Enchanted Skye project, seminar, session, interaction or event, I myself, my executors, administrators, and assignees, do hereby release and discharge Lana's Enchanted Skye, Lana **(insert your full name and everyone on your team who works with you)** and any of its employees, guest speakers, support team, project cast, project guests, project workers from all claims of damages, demands and/or actions whatsoever in any manner arising from or resulting from my participation in these interactions, events, projects and seminars. Should this seminar, event, interactions, or projects be audio and/or video recorded by its parent or sub-production companies and the project cast mates in signing this release, I acknowledge my awareness of this fact and grant my approval to be seen/heard/photographed/filmed while in attendance or participating. If photos and/or videos are taken, they may be used in publication, commercials, on television, in documentaries, tv shows, tv series, movies, and posted on social media or the internet. I understand the seminar/session fee paid by me is non-refundable once a seminar or event formally begins. Further, there will be a cancellation fee of **350.00** in the event of a cancellation less than forty eight (48) hours in advance.

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

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

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Group And Policy Number: \_\_\_\_\_

Any Special requests or things we need to know about:

\_\_\_\_\_

**Please also send a photo of your Driver's license to be put on file.**

Paid \_\_\_\_\_ Balance \_\_\_\_\_

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: Lana's Enchanted Skye and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers,

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that Lana's Enchanted Skye, Inc. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS  
CONTENT I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT  
AND I SIGN IT OF  
MY OWN FREE WILL

Participant's Signature (Please print legibly.)

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Date

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Participant's Name:

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Age:

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