

Retreat Intake Form

First Name: _____ Last Name: _____

E-mail: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____

Medical/Dietary Concerns // Please list all issues concerning allergies, significant injuries (current and past), medications you take, illnesses/diseases, dietary restrictions, etc.

Is there anything you'd like Kate to know about your current mental or emotional state? _____

It is very important for you to inform Biophilia of any illness/disease/limitation you may have so Kate is able to provide a safe and enjoyable retreat for you and your participants. Information on this form is kept confidential and is collected to provide support and safety during your retreat.

Emergency Contact Name & #: _____

Where would you like to go? _____

Requested Departure and Return Dates: _____

Second Choice Dates: _____

What do you hope to gain/experience/learn from this retreat?

Are you physically active? Y N

Height: _____ **Weight:** _____

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RETREAT STYLE

Please circle one of the following:

Backpacking *Car Camping* *B&B* *Condo* *House*

If you circled B&B, Condo, or House, which rooming option would you prefer?

Single Occupancy *Double Occupancy* *Roommate*

If you circled Backpacking or Car Camping, answer the following Q's:

Have you ever *backpacked* before? Y N

If Yes, how often and how many times? _____

Have you ever *car camped* before? Y N

If Yes, how often and how many times? _____

Please circle what you currently own:

(A complete gear list will be provided to you upon registration)

Camping stove *Tent* *Backpacking backpack* *Sleeping Bag*

Sleeping Pad *Snowshoes* *Cross Country Skis* *Road Bike*

Hiking Boots *Jet Boil* *Camelbak* *Cookware*

Water Purifier *Nalgene* *Chaco's/Teva's* *Tarp* *Cook kit*

What type of hiking/biking would you like to do?

Easy *Moderate* *Strenuous*

YOGA

Do you practice yoga? Y N

What styles of yoga do you practice? _____

How many times a week do you practice? _____

What kind of practitioner do you consider yourself to be?

Beginner *Beg-Int* *Intermediate* *Int-Adv* *Advanced*

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NUTRITION

Please list your top 5 favorite foods:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Please list your least 5 favorite foods:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Have you ever done a nutritional or body detoxification program before?
Please explain briefly:

****Vegetarian & Vegan meals are only provided if requested beforehand, as chef needs to know. Kate excludes gluten, dairy, and soy products on all retreats.****

Cancellation Information

There is 30-Day cancellation policy for all overnight Retreats. Any cancellation made before this time will receive a full refund (minus a \$5 per person cancellation fee). Reschedules/transfers will also be charged the \$5 fee outside of the 30-day period as well. Once within the cancellation period (30 days), there will be no transfers, reschedules, or refunds allowed (full refunds will be made if Biophilia is forced to cancel a program [i.e. weather]). PLEASE NOTE: The cancellation deadline is determined by the starting time of the activity. Even if the office is closed, you may cancel by email or phone - time stamps are recorded for all incoming communication to the office.

Release

By signing this form below, you are aware that yoga & the other techniques utilized during the retreat involve physical movements and breathe work that may not be suitable for everyone. You are encouraged to seek the advice of a health professional before beginning any new physical activity. Yoga or other modalities used are not a replacement for the care, medical attention, examination, diagnosis or treatment by your health professional.

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Katherine M. Coleman acts only in capacity as agent for the participant in all matters connected with lodging, sight-seeing journeys, yoga and nutrition and as agent holds herself free of responsibility for any damage occasioned by any cause. Agent will not be responsible for any damages or expenses or inconveniences caused by late departures or change of schedule, nor will be responsible for loss or damage to baggage or any of the participant's belongings. All prices quoted are correct at time of printing, include the cost of operation of the journeys, and are subject to currency changes. Agent shall not be responsible for personal injury, death, accident, delay, loss, damage, irregularity or property damage as a result of force majeure or for any other losses or damages incurred by any person or journey participants caused by any delay or change of itinerary or arising out of any act, including, but not limited to, any act of negligence, any person acting for or on behalf of Agent for transportation, accommodation or sight-seeing provider or any other person or entity rendering any of these services or accommodations being offered in connection with this retreat. This agreement supersedes all previous oral or written communications, representations, or agreements between the parties.

I, _____, acknowledge and understand that yoga, hiking, backpacking, and other outdoor activities include physical movements, as in the case of any physical activity, presents a potential risk for injury. If at any time I experience pain or discomfort, I will listen to my body and adjust the posture or ask for assistance from Kate. I maintain full responsibility for my own safety during my retreat experience. I understand that yoga and holistic Nutrition Therapy is not intended as a form of prescription, treatment, diagnosis or cure for any disease, be that disease mental or physical, and is not meant to substitute regular medical care. A Nutrition Therapist does not perform any medical procedures nor does she prescribe medications.

I, the undersigned, understand that Katherine M. Coleman is a Master Nutrition Therapist educated at the Nutrition Therapy Institute, an accredited private college. I understand the services provided by Ms. Coleman may include but will not necessarily be limited to: nutritional evaluation, balanced diet planning, instruction in the development of eating habits, physical exercises, rest, healthy home and workplace environments, attitudinal and behavior changes. Ms. Coleman can provide help with understanding lifestyle and nutritional matters, and how diet, supplements, and lifestyle may assist general wellbeing. I have informed Ms. Coleman of all my known physical and medical conditions, as well as any medications and supplements I am taking and will keep Ms. Coleman informed of any changes. I agree to policies and rates payable to Ms. Coleman's that are outlined on the following pages. This agreement is being signed voluntarily and not under duress of any kind.

Signature of Participant: _____

Date: _____