

Sangre De Cristo Retreat Intake Form

August 2nd – August 4th, 2013
\$515

To Reserve your place, please send in the materials in this document:

- Registration Form
- Interview Questionnaire
- Medical Questionnaire
- Release Form
- Please make down payment at time of registration (\$150 is non-refundable). **The full retreat cost is \$515.**
- **Full payment must be made no later than 7 days before retreat departure date (July 26th, 2013)**

Refund and Cancellation Policy

A full refund of all fees paid, including the deposit, will be given if your cancellation is received within 7 days after we receive your application (except within 30 days of the retreat). You will receive a full refund if you cancel from the wait list, or are still on the wait list when the retreat starts.

If Biophilia finds it necessary to cancel a trip due to under-enrollment or other unexpected conditions, your deposit and any payments on the balance of the fee will be returned. If you find it necessary to cancel, your trip fee will be refunded according to the following schedule:

- 1.) Cancellation received 30 or more days before departure.
- 2.) 30 or less days notice: A full refund less \$150 if and only if we are able to fill your spot. Retreats have no margin and cover costs. When people cancel at the last minute we have no other way to cover the costs of the retreats. If an emergency arises, and you need to cancel, and we are able to cover our costs, we will return your fee less the \$150 fee.

Important Notes

All Biophilia retreats are strictly non-smoking, drug- and alcohol-free.

If you are registering close to the retreat, please contact our registrar to be sure there is space, otherwise fill out and mail or e-mail in your registration and deposit.

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REGISTRATION FORM
SANGRE DE CRISTO RETREAT,
AUGUST 2ND – AUGUST 4TH, 2013

First Name: _____ Last Name: _____

E-mail: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____

Emergency Contact Name & #: _____

Please tell us how you found out about this retreat: _____

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

Do you know how you will be traveling to the retreat? If so, please tell us here: _____

May we share your e-mail and travel plans with other participants to help facilitate carpooling? Y N

Please make the full payment of \$515 by Friday, July 26th, 2013

Make checks payable to Biophilia, LLC

Amount enclosed \$ _____

I understand and acknowledge that there are inherent risks in an outdoor-based retreat and that I will be expected to sign a Release and Acknowledgement of Risks form.

Signature _____

Date _____

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INTERVIEW QUESTIONNAIRE

Please note that this Interview Questionnaire is purely for the purpose of supporting the participants experience on the retreat and are not, nor should they be constructed as, a form of psychotherapy or counseling.

Occupation: _____

Stress Level: (low) 1 2 3 4 5 6 7 8 9 10 (high)

Are you physically active? Y N

What forms of exercise do you enjoy, how many days a week do you exercise and for how long? _____

Height: _____ Weight: _____

Backpacking

Please circle one of the following:

Have you ever *backpacked* before? Y N

If Yes, how often and/or how many times? _____

Have you ever *car camped* before? Y N

If Yes, how often and/or how many times? _____

What type of hiking do you generally like to do? *Easy, Moderate, Strenuous*

Please circle what you currently own and will bring on the retreat:

<i>Tent</i>	<i>Backpacking backpack</i>	<i>Sleeping Bag</i>	<i>Sleeping Pad</i>	
<i>Tarp</i>	<i>Jet Boil</i>	<i>Camelbak</i>	<i>Nalgene</i>	<i>Headlamp</i>
<i>Plate/Bowl/Utensils</i>	<i>Water Purifier</i>	<i>Hiking Boots & Chaco's/Teva's</i>		

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Backpacking Equipment

Pain-free feet and a well-fitted backpack are the keys to an enjoyable trip. Bring sturdy hiking boots, already broken in, to protect your feet on the rough trail. Temperatures will probably be moderate to cool: cool nights and warm days; but due to the unpredictable nature of weather, be prepared for wind and rain. Shorts may be worn for hiking, but beware of sunburned legs. Hat and dark glasses are strongly recommended. Glare from sand, rock and sky can cause eye discomfort. A backpack, sleeping bag and pad, and tent will be provided if you do not have your own. Please indicate by circling above what of your own equipment you will be bringing. Try to keep your total equipment weight to 25 pounds. **You must carry up to two liters of water at any time, plus up to ten pounds of trip food and commissary equipment.** You may bring more, but remember that you will be carrying it. *A clothing and equipment checklist will be sent to all retreat participants.* We will need to purify stream water along the trail for drinking. Water filters will be available.

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

What is your current daily/weekly spiritual/meditation practice?

Favorite yoga pose is.... _____

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Nutrition

Please list your top 5 favorite foods:

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

Please list your least 5 favorite foods/foods you won't eat:

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

Are there any foods you **CANNOT** eat due to a food allergy? If yes, please explain: _____

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.****

Meals

Our menu features vegan meals and paleo meals that are lightweight and simple. Please tell us in advance of any dietary restrictions. Stoves and cooking equipment are provided; all you need to bring are your own cup, bowl and utensils. Cooking and cleanup duties are to be shared on a voluntary schedule. The first meal is lunch on Friday, August 2nd. The last meal is Breakfast, Sunday, August 4th.

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MEDICAL QUESTIONNAIRE

Biophilia Retreats take place in the backcountry. This retreat will be held at 13,000'. You do not need to be an athlete to participate in a Biophilia Retreat, but you do need to be in good physical condition. Please answer the following questions. A "yes" answer does not necessarily preclude your participation; we must have this information for your safety and the safety of the group.

First and Last Name: _____

Date of Birth: _____

Address: _____

Age: _____ **Height:** _____ **Weight:** _____

Have you had any knee, hip, back, shoulder, ankle injury or operation? Y N

If yes to any, please explain: _____

Do you have any of the following conditions?

Respiratory problems	Y	N	Diabetes	Y	N
Epilepsy or Seizures	Y	N	Allergies to Medications	Y	N

If yes to any, please explain: _____

Do you have any allergies to insect bites or bee stings? Y N

If you are allergic, will you be carrying an epi-pen on this retreat? Y N

Are you taking any medications? Y N

If yes, please specify the condition, list the medication and dosage:

Do you have any pre-existing conditions? Please describe:

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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 we are 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.

Biophilia, LLC strongly advises its participants to have their own health insurance. If you do not already belong to a regular health insurance program, you may purchase a short-term health policy from an insurance agent. If you have a medical insurance plan please verify that this plan provides coverage for injuries or conditions that arise while on a wilderness trip. Please fill out all items that apply to you:

Name and address of person under whose name insurance is carried

Insured's Phone #: _____

Name of Insurance Company: _____

Insurance Company Phone #: _____

Policy Number: _____

Group Number: _____

The above information is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Safety and Insurance

Safety needs to be a primary concern for each of us, since what happens to anyone affects the whole group. We will be in terrain where cliffs and steep slopes abound. This is a wonderful opportunity to be mindful of every step—and this is your best protection from injuries. Nevertheless, accidents do happen. While an injury or ailment is unlikely in the backcountry it is important to be aware of its possibility. You may wish to purchase evacuation insurance to cover expenses associated with a medevac. This can be a good deal since a backcountry medevac almost always involves the use of an expensive helicopter, which you would otherwise be responsible for. There are several respected providers to choose from, such as Diver's Alert, the American Alpine Club, World Nomads, or Global Rescue. You may also wish to purchase trip insurance, available at any travel agency. It will protect your investment in non-refundable airline tickets if you have to cancel or if the retreat is canceled due to circumstances beyond our control.

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BIOPHILIA RETREATS RELEASE FORM

Release

By signing this form below, you are aware that yoga, hiking & 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, nutrition or other modalities used are not a replacement for the care, medical attention, examination, diagnosis or treatment by your health professional.

Katherine M. Coleman and biophilia, LLC 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 hiking guides. 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.

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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, biophilia, LLC, can provide help with understanding lifestyle and nutritional matters, and how diet, supplements, and lifestyle may assist general wellbeing. I have informed biophilia, LLC 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 biophilia, LLC that are outlined on these pages. This agreement is being signed voluntarily and not under duress of any kind.

In consideration of the services of Biophilia Retreats, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Biophilia, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estates as follows:

- 1.) I acknowledge that my participation in hiking, camping, yoga, and backpacking activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects, water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites and stings, and hazardous plant life; equipment failure; and improper lifting or carrying.

Furthermore, Biophilia employees have difficult jobs to perform. They seek safety but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warning or instructions, and the equipment being used may malfunction.

- 2.) I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

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- 3.) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Biophilia from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Biophilia's equipment or facilities, including any such claims which allege negligent acts of omissions of Biophilia.
- 4.) Should Biophilia or anyone acting on their behalf of Biophilia be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5.) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6.) In the event I file a lawsuit against Biophilia, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Biophilia on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Address: _____

Phone: _____

Date: _____