



Nancy Zick • Licensed Massage Therapist • Phone: (262) 745-3380

Registration Form and Waiver

Healing Grace by the Sea Retreat

February 11 - 18, 2022

Name

Street Address

City / State / ZIP

Phone

E-mail

Flight Info

Emergency Contact (name and phone):

Send form and all payments to:

Nancy Zick, 10685 405 Avenue, Genoa City, WI 53128

Please make checks payable to **Healing Grace**

Payment Schedule*

First Installment: \$200 Registration Fee
(remit with form ASAP - non-refundable)

Second Installment: \$400 due 11/1/21

Third Installment: \$300 due 12/1/21

Final Installment: \$300 due 12/31/21

***All payments are non-refundable after 12/31/21**

Healing Grace

Retreat & Yoga Waiver Agreement

I _____ (print name) understand that Healing Grace is coordinating this retreat but is not responsible for any unforeseen happenings, such as but not limited to inclement weather, illness, or injury incurred during this trip. As in the case with any physical activity, the risk of injury, even serious and disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I understand that my emergency contact will be contacted and if necessary, I will be responsible for any additional costs needed to rearrange flights home. I also understand that I will not be entitled to a refund for the remaining days of the retreat. Healing Grace recommends that each participant secure travelers' insurance to cover unforeseen emergencies.

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As in the case with any physical activity, the risk of injury, even serious and disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I may have now or hereafter against, Nancy Zick, Healing Grace Massage Therapy, LLC.

Signature of Participant

Date

A Message from Nancy...

Greetings Retreater!

We are so excited that you will be joining us in February! We have many wonderful opportunities available for you during your time in Andros. To help us prepare, we ask you to fill out this short interest survey regarding what you would like to do during your week. Please check all that apply.

Island Experience:

- Walk on the beach
- Explore caves
- Swim
- Snorkel
- Shelling
- Visit Batik factory
- Visit basket-making community
- Hike and Picnic in Blue Holes National Park

Other suggestions:

Workshop Options:

- Tapping (EFT)
- Yoga Benefits & Philosophy
- Aromatherapy
- Foot Massage
- Facials

Creativity Options:

- Meditative Coloring
- Painting (free lance)
- Creating a Mandala
- Journaling
- Creative Writing

Other suggestions:

Other Options:

- I would prefer not to do anything but relax and rejuvenate.
 - If you have something else you would like to do on this trip, please give a brief description (e.g. I would like to work on my own healing.... I would like to reconnect with myself and make new connections with others.... I need a vacation.... etc.):
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