

HOPEWOOD Holistic Health

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Athens, Ohio 45701

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740.590.3954

Creating a sense of place, Reclaiming your Herbal Heritage

Registration Form

Name: _____

Phone:(h) _____ (w) _____

Fax: _____ Email: _____

Address: _____

Name of Event: _____

Date of Event: _____

Number attending: _____

Full Cost: \$ _____ Amount of Deposit \$ _____

Type of Payment Check Cash Other

By signing the following **Acknowledgement of Risk/Medical History** you are expressing full understanding and personal risk while participating in events with Hopewood Holistic Health/Holistic Journeys. Activities may include; yoga, meditation, Reiki, hiking, camping, sharing housing with others, using outdoor facilities and international travel that might include outhouses, ponds, lakes, rivers, oceans for swimming and water sports, snorkeling, boating or hot tubs, trails for hiking, biking, caving, horse riding. All events have hidden concerns (twisted ankles, bee stings, falls, heat and cold issues that we can not be held liable for, however our guides will do our best to ensure your exceptional experience and safety).

Our facilitators, instructors or hired guides are trained in basic safety and first aid, appropriate use of the site and specific skills and techniques for scheduled activities. Each will do their best to orient you to the expectations of each activity while keeping your comfort, safety and chosen goals in mind. As participants over the age of 18, *common sense and personal responsibility* is expected while enjoying the amenities at Hopewood or during any experience. With this stated, Hopewood nor it's facilitators or guides are can be held liable or responsible for any accidents you may incur while on our grounds or on shared grounds of scheduled events, while traveling to and from sites or while on your own time before or after events. You are requested to have your own medical and/or travel (for international events) insurance and specify emergency contact information and any special treatment options in your disclosure of information.

By signing and completing the brief medical history below you will be acknowledging your responsibility as a participant and releasing Hopewood and staff of liability related

to any incidents beyond our control during scheduled events or your medical condition. We also request that as you enjoy Hopewood events, that you uphold the sacredness and beauty of the any area and or culture norms.

Date _____ Signature _____

MEDICAL HISTORY & TREATMENT PROTOCOL

List any existing medical conditions or allergies: _____

Medications and dosage: _____

(We do not subscribe to HIPPA forms but respect your privacy fully. We only need to know specific medication that might be pertinent to an event.)

Treatment Protocol including attending health care provider, choice of hospital or treatment, emergency contacts:

GOALS AND DESIRES OF EVENT

- 1. _____

- 2. _____

- 3. _____

Please return with full payment or appropriate deposit. Payment must be made prior to any event according to fees & deposit schedule listed for each event. There is a non refund policy for programs under \$50.00 or cancelled two weeks prior to an event. Other refunds will be stated in specific program descriptions. In case of program cancellation all fees will be reimbursed. When participating in any traveling event, (national or international) a copy of your passport, driver’s license or photo ID must accompany these forms. We request that you also carry appropriate international or travel insurance as Hopewood Holistic Health is not liable for cost of transport or care in an emergency. Thanks

