**Emergency Contact Form**

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

Home Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

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

**Please contact the following in the event of an emergency**

**Primary** Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Secondary** Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retreat Waiver/ Disclaimer

Wellness Wisdom LLC. Retreat in the Magical town of Tepoztlan Mexico, organized by Elena Ochoa, Roxana Gonzalez-Pouza, and Casa Tepoztlan.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree that by signing this document, I consent to waive legal rights, including the right to sue the organizers, facilitators, and staff from the Hotel Casa Tepoztlan from any physical, material, tangible or intangible loss or damage that may happen to me during my participation in the retreat.

1. **Not Medical Advice:** The information provided during this wellness retreat is for educational and inspirational purposes only. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.
2. **Personal Responsibility:** Your participation in this wellness retreat is entirely voluntary and at your own risk. You are responsible for your own well-being and should exercise personal judgment and discretion in all activities. I am over 18 years of age, and am emotionally, medically, and physically able to participate in the Retreat.
3. **Physical Limitations:** Participants should be aware of their own physical limitations and should not engage in any activities that could pose a risk to their health. If you have any medical conditions or concerns, please consult your healthcare provider before participating.
4. **Informed Consent:** By participating in this retreat, you acknowledge that you have been informed about the activities and their potential risks and benefits. You voluntarily assume all risks related to participation and release the organizers, instructors, and venue from any liability.
5. **Professional Guidance:** Our instructors are experienced in wellness practices; they are licensed Acupuncturists. Any recommendations or guidance they provide should be considered as general advice and not medical or psychological treatment.
6. **Emergency Situations:** In case of an emergency, the retreat organizers will make every effort to ensure your safety and well-being. However, they cannot always guarantee the availability of medical assistance.
7. **Photography and Media:** Photographs and recordings may be taken during the retreat for promotional or documentation purposes. By participating, you grant permission for your image and likeness to be used for these purposes.
8. **Code of Conduct:** Participants are expected to behave respectfully and responsibly towards fellow participants, instructors, and the environment. Inappropriate behavior may result in removal from the retreat without a refund.
9. **Changes to Itinerary:** The retreat organizers reserve the right to make changes to the itinerary, instructors, or other aspects of the retreat, if necessary, with the goal of providing the best possible experience.

By participating in this wellness retreat, you acknowledge that you have read, understood, and agreed to this disclaimer. Your well-being is our primary concern, and we encourage you to ask any questions or seek clarification on any concerns before and during the retreat.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Top of Form Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_