

explore

Kundalini & Dnyasa Yoga
your Truth your Practice your Self

Samasati Nature Retreat Costa Rica February 3-10, 2007

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Registration and Contract page 1
Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone day _____ evening _____

Accommodation Choices

Guest House Accommodations

____ Double Occupancy, shared bath \$ 995 by 9/15/06 \$1195 regular

____ Single Occupancy, shared bath \$1175 by 9/15/06 \$1375 regular

Private Bungalow Accommodations

____ Triple Occupancy, private bath \$1175 by 9/15/06 \$1375 regular

____ Double Occupancy, private bath \$1295 by 9/15/06 \$1495 regular

____ Single Occupancy, private bath \$1575 by 9/15/06 \$1775 regular

\$300 deposit will hold your space or you may pay in full, see payment schedule below.

____ Check Enclosed amount \$ _____

____ I prefer to pay by credit card please email an invoice for \$ _____

Package Includes: 7 nights room, all meals, a one hour therapeutic massage, all yoga, meditation instruction and evening programs, guided excursions Canopy Tour, Cahuita National Park, Waterfall Trekking, private ground transportation from airport. **Not Included:** Airfare, tips, departure taxes and incidental expenses.

Refund Policy: There are no cancellations and your deposits are non-refundable after October 1, 2006. If you are unable to attend and the retreat is fully booked and we can fill your space with another guest, we will refund your payments less a \$100 administrative fee.

Accommodations will be shared with _____

Please note above if you have arranged to share a room with someone. Or we will arrange roommates according to guest's accommodation selection and spirit's guidance.

Make your check payable to Divine Light Yoga and mail to:
explore! c/o Amelia Mitchell
107 Great Lake Drive Annapolis, MD 21403

If you have any questions or concerns please call Amelia at 410-570-8927
or email her at connect@ameliamitchell.com

Visit www.DivineLightYoga.com/explore or www.AmeliaMitchell.com/explore
for all the details of this grand exploration!

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DETAILS

- A \$300 deposit is required to reserve your space at the retreat
- Space is limited to 20 participants.
- Prices listed are per person.
- All participants must submit a separate registration and signed contract with liability waiver, please read it and sign it.
- Please observe the payment deadlines, as we have to make our payments on time also. Late payments will incur a \$25 handling charge.
- Payments via check are accepted by mail.
- Payments via MasterCard, VISA, American Express, Discover and electronic check are available online. Follow the link on our website or request email billing.
- We will invoice you via email as the deposits come due, you can make additional payments in whatever form is most convenient, check or credit card online.

PAYMENT SCHEDULE – EARLY REGISTRATION

The following payment schedule is available for all of our guests, or you may pay in full at any time.

Due Date	Guest House Double	Guest House Single	Bungalow Triple	Bungalow Double	Bungalow Single
At Registration	\$300	\$300	\$300	\$300	\$300
Oct. 15 2006	\$230	\$290	\$290	\$330	\$425
Nov.15 2006	\$230	\$290	\$290	\$330	\$425
Jan. 15, 2007	\$235	\$295	\$295	\$335	\$425
Total	\$995	\$1175	\$1175	\$1495	\$1775

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**Contract, Agreement of Release and Waiver of Liability
(please sign & return with registration form)**

I, _____, hereby agree to the following:

That I am participating in the Yoga Classes offered by the group leader, Denise Lapides, E-RYT-200 KRI and assistant(s) during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Costa Rica Yoga Retreat and all of its classes and activities. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in any of these activities.

In consideration of being permitted to participate in the Costa Rica Yoga Retreat and its activities, I knowingly, voluntarily and expressly waive any claim I may have against Divine Light Yoga, Amelia Mitchell, Denise Lapides and its officers, employees and agents for injury or damages that I may sustain as a result of participating in the retreat.

I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Divine Light Yoga, Amelia Mitchell, Denise Lapides, their officers, employees, and agents for any injury or death caused by their acts or omissions, including any negligent acts or omissions.

I understand that my deposit is not refundable after October 1, 2006 and I understand the cancellation policy stated which states: "There are no cancellations and your deposit is non-refundable after October 1, 2006. If you are unable to attend and the retreat is fully booked and we can fill your space with another guest, we will refund your payments less a \$100 administrative fee." Late payments will incur a \$25 handling charge.

Accident/Health Insurance – I understand I am responsible for my own peace of mind and insurance if I want to have it and that my current insurance may or may not cover me in Costa Rica.

A final disclaimer: From all we can tell Samasati will be a lovely location for our retreat, it is highly rated in reviews, has many repeat customers, the staff that we have worked with so far are attentive, helpful and clear. However, we haven't been there and even if we had, sometimes things are a bit different than imagined. We will absolutely do our best when we are in Costa Rica to insure your satisfactory experience, we ask that you bring your concerns to us and be willing to be flexible, proactive and open minded about solutions. Our role is to facilitate so that everyone can all truly explore Kundalini Yoga, Vinyasa Yoga and your Truth, your Practice and your Self.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____ Signature of Participant: _____