Candace McKim  - Yogini’s Guide

Intuitive Self-Care Retreat RegistrationForm

April 1-7, 2019

San Jose del Cabo, Mexico

Please complete the form below and submit to:   info@candacemckim.com

Thank you for joining us in beautiful Mexico for a week for Intuitive Self-care Retreat for your whole body, mind and spirit in an intimate small group setting of 8-12 women.

For more information: [https://candace-mckim.mykajabi.com](https://candace-mckim.mykajabi.com/)

Contact Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date\_\_\_/\_\_\_/\_\_\_Time\_\_\_\_\_\_\_\_\_\_Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State \_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you presently practice or teach yoga? (no experience necessary)
* Yes
* No
	1. If you teach yoga, for how long?
	2. Do you have any injuries or physical concerns that you would like Candace and team to be aware of?
	3. Do you have any health concerns that you would like Candace to be aware of?
	4. Do you have any life situations that you would like Candace to be aware of?  eg. Recent death in the family? Going through a divorce? Post-partum? Recent depression or increased anxiety?
	5. Do you have any food allergies or food restrictions that you would like our cook Vicky Gosse to know about?
	6. How did you hear about this retreat?
	7. Please use this space to share any additional information or comments you have.

**Investment**:  $1895 + GST per person + Airfare.  Contact us for flight options or with any questions!  info@candacemckim.com
**Retreat Payment Schedule:**

1.  $500 non-refundable deposit upon booking is required. No spots will be held without deposit.

2.  Half of the remaining balance due 60 days prior to retreat start.

**Initial: \_\_\_\_\_\_\_\_\_ $744.88 (including GST) on Jan. 31, 2019**

Once payment is made, there will be no refunds.

3.  Remaining balance due 30 days prior to retreat start please.

**Initial: \_\_\_\_\_\_\_\_\_ $744.87 (including GST) Due on March 2, 2019**

Once final payment is made there will be no refund.

\*\*\*\***Please note:** Once each payment is made, payment is no longer refundable.

**What your investment includes**:

•6 nights accommodation (two Goddesses per room) No single rooms available.

•In-house (mostly) Organic delicious breakfasts and dinners prepared by our Personal Food Goddess Vicky Gosse.  Vegetarian meals with plenty of healthy snacks, fresh fruit and water.  (Non-vegetarian options available on excursion days).

•Coffee, tea and snacks stocked in the fridge for your convenience.

• Daily Yoga & Yoga Practices (meditation, breathing, yoga nidra).

• Daily Workshops of inner self discovery for self-love and self-care all based on Candaces book and teachings.

•An abundance of Joy, Laughter, Adventure, Wisdom, Divine Feminine Connection, Whole Body, Mind & Spirit Nourishment and Soul Growth Opportunities!

**What your investment does NOT include:**

•Airfare (At this time Westjet flies direct from Calgary to Las Cabos International Airport (code SJD)

•Ground transportation from and to airport (we will help arrange car-pooling with others arriving at same time)

•Personal Health Insurance - mandatory

•Excursions

**Materials provided:**

• Vision board or creativity supplies

• Handouts and related material

• Daily Yoga and yoga practices guided by Candace McKim

• Bring your copy of Yogini's Guide - Intuition Is A Choice (optional)

• Bring your deck of Yogini’s Guide to Intuition Oracle Cards (optional)

• An opportunity to purchase Vicky Gosse’s book The Intuitive Artichoke Book - A Year Of Meatless Mondays.

Release and Waiver of Liability
This agreement is made upon registration and valid for one full year.

Between: The Registrant, undersigned (herein after called the ‘Participant’) and Candace McKim or another contracting on behalf of themselves and All persons to whom the Release as Hereinafter contained are expressed to be granted.

The parties hereby agree as follows:

1. Candace McKim hereby advises the undersigned Participant that if she or he has any reservations as to her or his physical fitness or as to the advisability of taking part in a Yoga program offered by Candace McKim and/or any instructor that she or he should first consult a physician.
2. The Participant is not aware of any physical condition that would endanger the Participant’s health as a result of taking a Yoga program offered by Candace McKim and/or any instructor.
3. The participant is 18 years of age or older, or will have parent sign below.
4. The participant has voluntarily agreed to enter the premises and/or participate in a Yoga program or training given by Candace McKim and/or instructors,
5. That consideration of permission to enter premises and/or participate in a Yoga program given by Candace McKim, employees, or other persons authorized by it from all claims that Participants may have for any injury or disability (including injury resulting in death) whether by Candace McKim and/or any Instructor’s negligence or otherwise sustained by the participant and for loss or damage (whether by Candace McKim and/or any Instructor’s negligence or otherwise) to Participants personal belongings suffered at anytime during the course of participation in a Yoga program, Training or while on the premises for any purpose whatsoever.
6. The Participant agrees that the conditions in the Agreement shall be the conditions on future participation in or use of Candace McKim and/or Instructor of program’s and premises.

Please state any physical conditions that may hinder your practice we need to be aware of:

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Participant Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name of Participant

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