

## Northern Lights and Yoga Retreat Sweden

MARCH 13-19, 2020

### Registration Agreement

**I wish to register for Northern Lights and Yoga Retreat in Sweden 2020 (the "Trip"). I understand that MELANIE CARROLL PSALTAKIS, LLC (the "Company") requires that this Registration Agreement (the "Agreement") be signed as it must rely upon my registration in securing travel arrangements.**

**What's Included:** A small group of 10 yoga-travelers (the "Participant"); morning and evening yoga practices led by Melanie Psaltakis per itinerary; two nights lodging in Stockholm and four nights lodging in Abisko National Park, most meals per itinerary, tours and activities with professional guides per itinerary, ground transportation per itinerary, and roundtrip flights between Stockholm and Kiruna, Sweden. The itinerary provides ample free time for walks, meditation, and connection.

**What's Not Included:** Airfare to and from Sweden, optional tours, activities, and travel taken independently, meals taken independently, passport fees, and travel and medical insurance. *Assistance with booking airfare can be provided for an additional fee. Assistance with purchasing travel insurance can be provided also. NOTE: The Trip officially ends on March 19, 2020. Expected return time to Stockholm airport is 3.25 pm. You will need to make your own lodging arrangements for March 19 and book your return flight on March 20.*

**Physical Demands:** A yoga practice of at least six months is recommended. Traveling in Sweden in the winter can present hazardous conditions, including extreme cold, that requires a moderate level of fitness due to walking on uneven and sometimes slippery surfaces. Participant must be in sufficient good health, and in proper physical condition, to take part in the yoga activities and the Trip. At any time Participant believes, or becomes concerned, that any activity is or may be unsafe, they must immediately discontinue participation. Participant acknowledges that the Company has made no representation or warranty as to the suitability of the Trip for Participant or as to content of information provided by third parties for any specific reason. Please initial one.

\_\_\_\_\_ I am in good health and assume all responsibility to participate in this Trip

\_\_\_\_\_ I acknowledge physical limitations and assume all responsibility to participate in this Trip. My physical limitations are: \_\_\_\_\_

**Payment:** A deposit of \$750 reserves your spot for Northern Lights and Yoga Retreat Sweden 2020. Deposits made by July 15, 2019 qualify for a \$100 "Early Bird" discount. An additional \$50 discount is available to "Repeat Retreaters," (those who have previously traveled on a Yoga Vacation with Melanie). Half the remaining balance is due by October 13, 2019. Final payment is due by January 13, 2020. Payments can be made by cash, personal check from an U.S. bank account, or PayPal ([melanie@wayfinderstravel.com](mailto:melanie@wayfinderstravel.com)). **Note:** Credit card payments made through PayPal incur an additional 2.9% fee that must be added to your total before submitting payment.

**Cancellations and Refunds:** All trip deposits and subsequent payments are 100% refundable up to 30 days from the date they are received. After 30 days, deposits and subsequent payments are nonrefundable. Deposits and payments made 60-90 days before the trip begins become nonrefundable on the final payment due date. If you reserve the trip less than 60 days before its start date, the entire tour cost becomes nonrefundable after 7 days. No refund requests shall be processed unless they are in writing. *Purchasing travel insurance is recommended.*

**Travel and Medical Insurance:** The Company strongly recommends that you cover your trip investment with a plan that provides protection for trip cancellation, trip interruption, accident and sickness medical coverage, and baggage delays and loss. The Company shall not vary the itinerary to address a medical issue as it will be unfair to all Participants. Participant understands that their current medical insurance may not provide coverage outside the United States. Participants that do not purchase the insurance acknowledges that he or she assumes the risk, and all medical expenses incurred, medical airlift, and/or expense incurred due to change in departure dates and time

shall be their sole responsibility, and at their sole cost and expense. This includes but is not necessarily limited to any hotel, ground transportation, airfare, food, and telephone calls. Please initial one.

\_\_\_\_\_ I have purchased or intend to purchase travel insurance.

\_\_\_\_\_ I have been presented with the opportunity to purchase travel insurance but decline the purchase, and thus assume all personal and financial responsibility for such expenses and arrangements that may arise before or during my trip due to medical issues.

**Arrangements:** The Company reserves the right at any time to change or delay departure and return date or times due to weather, mechanical or any other reason in the Company's sole and absolute discretion and without liability therefor.

**Indemnification:** Participant indemnifies, defends and holds the Company its officers, employees, agents, servants or independent contractors harmless, from and against all liability in connection with or arising from their participation in the Trip.

**Audio/Video Participation:** The Company may photograph or otherwise capture and record Participant's voice and physical appearance (the "Image") for use solely in connection with the Trip. The Company shall own the copyright and other rights in and to the Image. Participant releases any rights to the creation, production or distribution of the Image which may be included with other images. Should the Company wish to use the Image in the advertising, marketing, and/or promotion, Participant initials evidencing their consent. \_\_\_\_\_ Please initial

**Release:** Participant releases the Company, its officers, employees, agents, servants, independent contractors, vendors and suppliers and Melanie Psaltakis of any liability for losses, costs, damages, consequential or punitive, or liability whether incurred by Participant or otherwise including but not limited to those arising from any form of negligence, personal injury or criminal activity.

**Miscellaneous:** Participant acknowledges and agrees that this Agreement is made in the State of Maryland and shall be governed by Maryland law without respect to its choice of law provisions. Any party bringing a legal action or proceedings against any other party arising out of relating to this Agreement may bring the legal action or proceeding in the state or federal courts having jurisdiction over Montgomery County, Maryland. In the event that this Agreement must be enforced, the Participant shall pay the reasonable legal fees and costs of the Company. This Agreement constitutes the full, entire, and integrated Agreement between the Participant and the Company with respect to the subject matter hereof and supersedes all prior negotiations, correspondence, understandings and agreements among the parties hereto respecting the subject matter hereof, whether in writing or oral. All subsequent changes and modifications, to be valid, shall be by written instruments executed by the Company.

**I have read, and I agree with this Registration Agreement.**

**Participant's Signature:**

**Date:**

\_\_\_\_\_  
**Participant's Name (Print Clearly):**

\_\_\_\_\_  
**Date of Birth:**

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

\_\_\_\_\_  
**City:**

\_\_\_\_\_  
**State:**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Email:**

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

\_\_\_\_\_  
**Emergency Contact Person and Phone Number:**

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