Booking Conditions and Liability Release Form

Package details:

After registration and payment the following conditions apply. The package fee is €899/£749. We reserve the right to cancel the package if the sign-up is not economically feasible for us to operate. In such an event your Retreat fee will be reimbursed in full. (not including flights).

The package includes the following:

- Qigong exercises you can practice at home
- Guided meditations in nature
- Guided walks on spectacular trails
- 6x nights accommodation.
- Includes 6 x breakfasts, 1 x lunch in a typical Mallorcan restaurant, 1 x dinner.
- Trip to an oil mill with tasting and tour
- Transfers to and from the airport

Not included in the price:

- Flights to and from Palma de Mallorca
- Travel and health insurance
- Meals not mentioned (see itinerary)
- Additional drinks not included in the meals
- Single room surcharge (€180/£150)

Responsibility:

Travel within a group may involve compromise to accommodate the diverse desires and physical abilities of group members. Signing this Liability Release Form signifies your acceptance of the group leader's authority to make decisions affecting the group or individuals. For instance an individual may be required to leave the group if he/she believes that a person's health is at risk or if an illegal act has been committed, or their behaviour becomes detrimental to the safety and well-being of the group as a whole. Should the leader take such action that person would not be entitled to a refund. Similarly, a participant leaving the retreat will not be entitled to a refund. Participation in the retreat is not a replacement for therapy or other medical treatment.

It is your responsibility to check for travel requirements, visas, entry requirements, Covid-tests, quarantine etc.

Registration:
On payment of a deposit of €240/£200 your registration is confirmed. Full payment due 27th February 2025 (60 days prior to start of the Retreat).
Cancellation charges:
If you decide to cancel the trip, the following reimbursement fees apply:
30 days 50 per cent of total fee
14 days 75 per cent of total fee
7-2 days 90 per cent of total fee
Medical Considerations:

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If incurs any of these types of expenses, I agree to reimburse.

I acknowledge that and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of.

I acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of , its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

SIGNED

DATE AT