



2308 N. 89th St. WAUWATOSA, WI | 414-323-4183 | HEARTWOODHC.COM

WORKSHOP NAME: _____

(Please print clearly)

Name: _____ Age: _____

Street: _____

City: _____ State: _____

Phone: _____ Email: _____

PLEASE KEEP ME IN THE LOOP ON FUTURE WORKSHOPS (circle) Y N

WAIVER OF LIABILITY

• I voluntarily participate in classes, retreats, services, and workshops (hereafter referred to as “offerings”) offered by Heartwood Healing Collective (hereafter referred to as “HHC”) during which I may receive instruction in yoga, bodywork, meditation and general health and wellness.

• Instructors may use hands-on adjustments to guide my voluntary participation. I release HHC, its employees, volunteers and contractors from any claim because of hands-on adjustments, treatment or service rendered during my voluntary participation in HHC offerings.

• I agree that it is my responsibility to verbally inform and update my instructor of any new or existing medical conditions, injuries or medication prior to my participation HHC offerings.

• It is my responsibility to consult my physician prior to and regarding my participation in HHC offerings. I warrant that I am physically able to participate in all HHC offerings.

• I assume responsibility for any risk of injury, damage, loss, or fatality that I may incur while participating in HHC offerings and hold harmless and release and forever discharge HHC, its staff, teachers or other persons working on HHC’s behalf from all claims, demands, and causes of action by myself, my heirs, representatives and administrators acting on my behalf.

• Refund Policy: I agree that all payments and fees are final and there are no refunds from HHC.

• Return Checks: I agree to pay \$30.00 US processing fee on any return checks.

I am 18 or older and have read the above policies and waiver of liability and fully understand its contents and meaning. I voluntarily agree to the terms and conditions of this release.

Signature _____ Date _____

PAYMENT

Your space in the upcoming workshop will be reserved upon payment receipt. Thank you! Make checks payable to “Heartwood Healing Collective”. Please mail payment and registration to:

Heartwood Healing
13900 Underwood River Pkwy
Elm Grove, WI 53122