# BOOKING FORM

**Retreat Date:**

**GENERAL INFORMATION \*** All information is confidential

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | |
| Click here to enter name | | | |
|  | | | |
| Date of Birth | | | |
| Select date of birth | | | |
|  | | | |
| Phone # |  |  |  |
| Click here to enter Phone # | | | |
|  | | | |
| Emergency contact # | | | |
| Enter Emergency # | | | |
|  | | | |
| Email | | | |
| Click here to enter Email | | | |

**How did you hear of the Fasting Hiking Retreat?**

|  |  |  |  |
| --- | --- | --- | --- |
| Flyer | Magazine ad | Internet | Personal contact |
|  |  |  |  |
| Please detail: | | | |
| Click here to enter details | | | |

**Included services:**

* 2 night accommodation (including : free parking, washing machine, hair dryer, essentials ( towels, bed sheets, soap and toilet paper), indoor fire place)
* BIO fasting meals, fresh vegetable broth, herbal teas, lemons and Mineral or spring water
* Daily guided walks
* Daily guided meditations
* Morning gentle exercise, movements to wake up the body
* Information about fasting in general
* My open listening ear
* Different themed evening talks
* Access to my personal spiritual and fasting library

**Massages and other treatments to be arranged and booked at place.**

**Payment details:**.

Payments to be made via bank transfer.

Payment of **optional services**, e.g. massages is made to your fasting guide when you arrive. Once we receive payment, we'll send you a confirmation which also acts as your receipt. Transfers made to reference: 'FH Retreat'.

**Getting there: (**estimated time of arrival: Click here to enter estimate)

I'm coming by car  I'm looking for a lift  I offer a lift  I come by train

**Withdrawal by participants:**

Withdrawal must be made in writing, and the following costs are due: If you withdraw 30 days or more before the start of the course,

the transferred deposit will remain valid for the 12 following months for a course of your choice. After 30 days the down payment amount will not be paid back. In the event of no-show or if you discontinue the fasting course, for whatever reason, the total amount is due.

**Cancellation by the organiser:**

If the minimum number of participants (3 people) is not reached, the course can be cancelled up to 10 days before the start. The Participants will be offered an alternative date. If this date is not suitable, the deposit already paid will be reimbursed.

**HEALTH HISTORY**

|  |
| --- |
| Do you exercise regularly? |
| Click here to enter answer |
|  |
| What do you feel is your general level of fitness? |
| Click here to enter answer |
|  |
| Are you trying to conceive? |
| Click here to enter answer |
|  |
| Is there anything you think I know about you in order to best support you? |
| Click here to enter answer |
|  |
| What is your previous experience of fasting if any? |
| Click here to enter answer |
|  |
| In a few words, describe what attracted you to this retreat and what if anything specifically you wish to gain from it. |
| Click here to enter description |

|  |
| --- |
| ***In order to meet the requirements of my insurance, it’s important that the below is read, understood and signed.***  ***Thank you. Diane*** |

**BOOKING DECLARATION:**

I Click here to enter name (print name) understand that walking includes physical movements. The group exercises offer also an opportunity for relaxation, stress re-education, relief of muscular tension and to improve mental focus.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.  I affirm that I alone am responsible in my decision to participate in the nature walks.  I certify that any special needs have been disclosed and understand that if I experience any pain or discomfort, I will listen to my body and ask for support from the guide Diane Przybilla.

\* I agree to take responsibility for my actions throughout the course and to not indemnify the guide of any liability claims

\* I consider myself healthy and take part in this course voluntarily and it is my own responsibility. I am aware of the above conditions of participation, and I accept them.

\* I acknowledge that full payment is due 4 weeks before departure date.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | Select date |

After receipt of your written registration and fees, you will receive a confirmation of registration.

More information about fasting preparation and a list of things to bring, etc., will be given to you within 10 days sent by email, before the start of the course.