

# Glen·Ella Springs

## INN & RESTAURANT

### Three-Day Wellness Retreat Participant Waiver & Release of Liability

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#### 1. Voluntary Participation & Personal Responsibility

I acknowledge that my participation in this wellness retreat is entirely voluntary. I understand that the retreat includes physical movement (such as yoga, Pilates, stretching, and breathwork), guided tours, fireside group conversations, and wellness education. I affirm that I am in good physical condition and do not have any medical conditions that would prevent my participation.

I accept full responsibility for my own health, safety, and well-being during the retreat.

#### 2. Wellness Education Disclaimer (Not Medical Care)

I understand that the retreat provides wellness education, coaching, and general lifestyle guidance, and is not a substitute for professional medical care. No diagnosis, treatment, or prescription services are being offered. All coaching and guest speaker content is intended for informational purposes only.

I agree to consult my licensed healthcare provider regarding any changes to my wellness routine, including nutrition, supplements, or physical activity.

#### 3. Assumption of Risk & Release of Liability

I acknowledge and assume all risks associated with participation in the retreat, including but not limited to: physical activity, potential injuries, emotional discomfort during group work, travel, exposure to outdoor environments, and interactions with other participants.

I hereby release, waive, discharge, and hold harmless the retreat organizers, facilitators, guest speakers, Glen-Ella Springs Inn, and any affiliated entities from any and all claims, demands, or causes of action arising out of or relating to my participation in this retreat.

## 5. Media Release

I grant permission for the retreat organizers to take photographs and video during the retreat that may include my likeness. These may be used for promotional or educational purposes, including social media, websites, or future marketing.

- I agree to the media release above.
- I do NOT consent to being photographed or recorded

## 6. Acknowledgment & Agreement

I have read and understood this waiver. I agree to its terms and acknowledge that I am signing this voluntarily and with full awareness of its contents.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_