



VETERANS WHOLE HEALTH & WELLNESS RETREAT

FEBRUARY 9, 10 & 11, 2024

**LOCATION: OPERATION OUTDOOR FREEDOM
4300 SW COUNTY RD 769
ARCADIA, FL 34269**

REGISTRATION FORM

NAME	
ADDRESS	
TELEPHONE #	
EMAIL	
EMERGENCY CONTACT	NAME: ADDRESS: TELE: EMAIL:
DATE OF BIRTH	
MILITARY BRANCH	
HAVE YOU BEEN TO A RETREAT BEFORE?	
Do you have any health limitations or physical injuries? Please indicate if you have any major health issues (ex high/low blood pressure, arthritis, asthma, diabetes, seizures, osteoporosis, etc.)	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Do you have any special dietary requirements? (eg: gluten-free (please specify if you are celiac), allergies?)	

MUST PROVIDE DD214 TO BE ACCEPTED FOR THIS RETREAT

• **AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I hereby agree to the following:

As I participate in activities offered by the hosts and special guests, I understand that the offerings of this retreat are not a substitute for medical attention, examination, diagnosis, or treatment.

I will receive physical and health related information and instruction. I recognize that some programs may require physical exertion that may be strenuous and may cause physical injury and I am fully aware of the risks and hazards.

If at any time during the activities I feel discomfort or pain, I will inform and seek assistance from the instructor.

I may rest at any time during the class and over the weekend. I will listen to my body and respect its limits on any given day.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activity program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in workshops.

I recognize that it is my responsibility to notify my instructor of any serious illness or injury before every class.

I accept that neither the instructors, nor the hosting facility, are liable for any injury, or damages, to person or property, resulting from my participation in this retreat.

I accept that no drugs (except prescribed to me), recreational or otherwise, or firearms are allowed at this retreat.

Exclusion of Participation: In the unfortunate circumstance, if a guest conceals physical and/or health issues, is unfit, and/or causes disruptions that endanger the provision of the service and/or the health of other participants, facilitators, or equipment the guest can be excluded from the participation of the Retreat after an initial warning. If the situation arises, guest will be asked to vacate the retreat.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

• **Confirmation**

BY ACKNOWLEDGING AND SIGNING BELOW, I AM ACCEPTING ALL INSTRUCTION AND GUIDELINES ABOVE.

Participant (Print)

Participants Signature