

**Healthy Living and Balance
Costa Rica Journey
Women's Empowerment Retreat
March 5-11, 2010**

**Please complete and e-mail or mail back to us at Joyce Dillon, 275 13th Street,
NE, Suite 502, Atlanta, GA 30309**

RELEASE AND ASSUMPTION OF RISK

I am aware that during the retreat, workshop, trip, activity or program (herein "Activity") I am participating in through Healthy Living and Balance, Inc. and arrangements made by Healthy Living and Balance, certain risks may occur. **These risks include, but are not limited to, the hazards of traveling on highways, hiking, retreats, canopy zip line, swimming, forces of nature, travel by air, bus, boat and other conveyance, loss of or damage to personal property, injury or fatality due to, collision with vehicle, rock, log, or tree, or, accident or illness in a remote place without medical facilities, water damage due to leaking bags or other containers, exposure to temperature extremes and inclement weather, and other risks and dangers which may result in serious injury or death.**

In consideration of, and as part of payment for the right to participate in the Activity and the services arranged through the Healthy Living and Balance, I hereby assume all risks, and voluntarily release and waive all claims against the Healthy Living and Balance, Inc and its affiliates, employees, agents, and representatives, and will hold them harmless from any and all liability, action, cause of action, negligence, claims, demands and damages of every kind or nature whatsoever, whether direct or indirect, contingent, consequential or otherwise, arising out of, related to, or which may be brought by myself or a third party in connection with my participation in the Activity or any other activities arranged by, through, or with Healthy Living and Balance, Inc.

This agreement shall serve as a release, assumption of risk and hold harmless provision for me, my heirs, executors, administrators and assigns. I have read and agree to these terms and conditions. The Healthy Living and Balance Inc. will rely on this release in allowing me to participate in these activities.

Check the box. I have read the above and agree with terms and releases.

Date _____ **Signature:** _____

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Emergency Traveler's Information

**Please complete and e-mail back to jjdillon@mindspring.com or mail to 275
13th Street, NE #502, Atlanta, GA 30309. Type information or write legible.**

Personal Data for all travel Documents

Name: (As it appears on passport) _____

Tel: # _____ Cell: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Age: _____

Occupation: _____

City and Country of Birth: _____

Nationality: _____ Passport Number: _____

Name as appears on Passport: _____

Place of Issue: _____ Date of Issue: _____ Expiration Date: _____

Medical Conditions: _____

Medications :

- | | | |
|----|----|----|
| 1. | 3. | 5. |
| 2. | 4. | 6. |

Personal Physician Name and Phone: _____

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Emergency Contact Information

Name: _____

Relationship: _____ E-mail: _____

Tel. _____ Cell: _____

Address: _____

City, State, Zip _____

Healthy Living and Balance, Inc.
275 13 Street, NE, Suite 502
Atlanta, GA 30309
Phone: 404-881-1322
jjdillon@mindspring.com

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Flight Information:

Please complete and e-mail or mail this information back to Joyce Dillon!
Be sure your handwriting is legible for this form. We must be able to read your flight information.

Name _____

Telephone _____

Email _____

Roommate Request _____

International Flight Information:

Arrival Date and Time into San Jose International

Airline: _____

Flight # _____

Arrival Time: _____

Departure Date and Time from: San Jose International

Airline: _____

Flight# _____

Departure Time: _____