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6. Send Dani the PDF via email: [danip0905@gmail.com](mailto:danip0905@gmail.com)

**Tides of Truth Retreat Cancellation Policy:**

- **\$333 DEPOSIT IS NON-REFUNDABLE once booked.**
- **60+ before retreat (July 19th: 75% Refund, excludes Deposit)**
- **30+ days before retreat (August 20th: 50% refund, excludes Deposit)**
- **1-30 days before retreat: No refunds**

**Acknowledgment and Assumption of Risk / No Medical Condition:** I acknowledge and understand that certain risks may occur during my participation in the Activities or use of the Premises. I further recognize that these risks may also include physical, emotional or psychological damage or injury, not excluding fatality and as I progress and advance through the Activities, physical and mental demands may increase and at times be extremely strenuous and exhausting, both physically and mentally. I voluntarily assume all such risks. I acknowledge that I have consulted or have had an opportunity to consult with my own physician or another appropriate medical professional and represent that I am in good physical and mental condition and have no medical reason or impairment that might prevent me from participating in the Activities or use of the Premises.

**Waiver and Release:** I hereby forever and expressly release Dani Palacio and Sunnie Brown from any and all claims, demands, suits, judgments, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that arise out of the Activities or my use of the Premises, including any injury or harm to me, or loss or theft of or damage to my property. I agree to not bring or be a party to any legal action or claim against Dani Palacio or Sunnie Brown based upon or arising out of my participation in the Activities or use of the Premises, on any legal theory, including but not limited to personal injury, undue influence and infliction of emotional distress.

**Physical Contact:** I understand and agree that it may be necessary for Dani Palacio and Sunnie Brown to touch parts of my body during the Activities and hereby give permission for such touching.

**Voluntary Participation:** I represent my participation in and payment for the Activities are voluntary and based on my free will, and not as a result of undue influence, coercion, pressure, a condition of employment, or to satisfy anyone other than me.

**No Medical Services or Advice:** I understand that Dani Palacio and Sunnie Brown do not provide medical, psychological, or other professional health care, advice, diagnosis, or treatment. I represent that I am not participating in the Activities to handle a physical, mental, or emotional illness and I am clear that no portion of the Activities is delivered or supervised by health professionals.

Please sign this document to agree to the policies listed.

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Name