



Nancy Zick • Licensed Massage Therapist • Phone: (262) 745-3380

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## Registration Form and Waiver

Healing Grace by the Sea Retreat

February 9 - 16, 2024

Name

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Street Address

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City / State / ZIP

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Phone

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E-mail

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Flight Info

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Emergency Contact (name and phone):

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### Send form and all payments to:

Nancy Zick, 10685 405 Avenue, Genoa City, WI 53128

Please make checks payable to Healing Grace

### Payment Schedule\*

**Registration Fee:** (due at registration) **\$200** non-refundable\*

**Balance of \$1,200 due by December 31, 2023**

**\*Please note: No refunds after December 31, 2023**

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# Healing Grace

## Retreat & Yoga Waiver Agreement

I \_\_\_\_\_ (*print name*) understand that Healing Grace is coordinating this retreat but is not responsible for any unforeseen happenings, such as but not limited to inclement weather, illness, or injury incurred during this trip. As in the case with any physical activity, the risk of injury, even serious and disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I understand that my emergency contact will be contacted and if necessary, I will be responsible for any additional costs needed to rearrange flights home. I also understand that I will not be entitled to a refund for the remaining days of the retreat. Healing Grace recommends that each participant secure travelers' insurance to cover unforeseen emergencies.

I \_\_\_\_\_ (*print name*) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As in the case with any physical activity, the risk of injury, even serious and disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I may have now or hereafter against, Nancy Zick, Healing Grace Massage Therapy, LLC.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

# A Message from Nancy...

Greetings Retreater!

*We are so excited that you will be joining us in February!* We have many wonderful opportunities available for you during your time in Andros. To help us prepare, we ask you to fill out this short interest survey regarding what you would like to do during your week. Please check all that apply.

## Island Experience:

- Walk on the beach
- Explore caves
- Swim
- Snorkel
- Shelling
- Visit batik factory
- Visit basket-making community
- Hike and picnic in Blue Hole National Park

Other suggestions:

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## Workshop Options:

- Tapping (EFT)
- Yoga benefits & philosophy
- Aromatherapy
- Foot massage
- Facials

## Creativity Options:

- Meditative coloring
- Painting (freelance)
- Creating a mandala
- Journaling
- Creative writing

Other suggestions:

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## Other Options:

- I would prefer not to do anything but relax and rejuvenate.
  - If you have something else you would like to do on this trip, please give a brief description (e.g. I would like to work on my own healing.... I would like to reconnect with myself and make new connections with others.... I need a vacation.... etc.):
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