

APPLICATION AND REGISTRATION FORM

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ COUNTRY _____

PHONE/S _____ EMAIL _____

The cost of the retreat is \$1555.00. This includes 6 nights lodging, three options for transportation to and from the Airport in Kona, all meals from dinner Saturday to breakfast Friday morning, and all activities. It does not include airfare. Scheduled activities are subject to appropriate safe weather and water conditions.

A deposit of \$555 is required to reserve your space in the workshop.* Two remaining payments of \$500.00 each are due the beginnings of December and January. You may also pay in one full payment upon registration. You may pay by credit card, (Master Charge, Visa or Discover) or you may send checks or money orders in US funds. All fees must be paid in full prior to your arrival.

Please note: In order to keep our costs as low as possible for all of our guests, when paying by credit card, a small administrative fee of \$12.50 for each partial payment, and \$35.00 when paying in one full payment will be added to your total fees.

Amount of deposit or payment: \$ _____ + Adm fee (if applicable)-- _____ = total \$ _____

Payment made by Check _____ Money Order _____ Credit card _____

Credit card number _____ Exp. Date _____

Name on Credit Card: _____

Billing Address Credit Card: Street _____

City _____ State _____ Zip Code _____

Authorization signature for credit charges _____

Contact: Iam@alanaheartsong.com

Toll Free: 1-866-866-6656

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Please note below any health concerns or restrictions as well as any dietary restrictions and/or allergies we should be aware of:

A liability release form must be completed and returned to us before you arrive.

RELEASE OF LIABILITY AND STIPULATED DAMAGES AGREEMENT For the Dolphin Retreat on the Big Island of Hawaii, January 2008

PLEASE READ CAREFULLY BEFORE SIGNING

ALL PERSONS MUST READ AND SIGN THIS AGREEMENT BEFORE PARTICIPATING IN THE DOLPHIN RETREAT ON THE BIG ISLAND OF HAWAII

Please initial each paragraph on the line provided.

I, _____, acknowledge that I have voluntarily applied
(Please print your name)

To participate in the "Dolphin Retreat on the Big Island of Hawaii," hereafter known as "Dolphin Retreat."

_____I recognize that the activities of boating on open ocean and shores, driving on roads and highways, hiking around shorelines and on trails, and swimming in streams, rivers and the ocean, and all other hazards and exposures connected with these activities do involve risks and dangers inherent with these activities. I acknowledge that in consideration for being allowed to take part in the "Dolphin Retreat" I accept and assume all of the dangers that are inherent in all of the above activities, whether or not these dangers are obvious or necessary

_____I understand and agree that any bodily injury, death or loss of personal property, and expenses thereof that occur as a result of my participating in these activities, are my responsibility. In the event that any damages are to be paid, they shall not exceed the amount of consideration I have paid. And if litigation is pursued after payback of consideration has been tendered, all legal expenses of both parties shall be borne by the party first bringing forth litigation.

_____I hereby certify that I am in good health and that I am physically and mentally capable of handling the hazards of boating, swimming, weather conditions, exposure to animals, mammals and fish, walking, dancing, and all other conditions associated with the "Dolphin Retreat."

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_____ In consideration of my participation in the "Dolphin Retreat." I do hereby release the "Dolphin Retreat," and its agents and employees, from any legal liability for any and all injury or death caused by, or resulting from my participation in "Dolphin Retreat" activities, whether or not such injury or death was caused by their negligence or from any other cause.

_____ Furthermore, I hereby waive, release and discharge the "Dolphin Retreat" and it's representatives, successors and assigns for any and all losses of property, personal injuries, damages and claims, even injuries resulting in death, whether caused by the negligence of the "Dolphin Retreat" or any other cause that I might sustain as a result of taking part in the "Dolphin Retreat on the Big Island of Hawaii." I agree that this agreement is to bind my heirs, estate, my assigns, legal guardians, personal representatives and me and that this release and waiver agreement is intended to be as broad and inclusive as permitted, and that if any part of this agreement is held invalid I agree that the rest shall continue to have full legal force and effect.

IF PARTICIPANT IS UNDER 18 YEARS OF AGE: a parent or guardian must sign below to verify that he/she waives, releases and forever discharges on behalf of such minor and his/her heirs, executors and administrators, all claims, liability, rights or causes of action as set forth above.

THIS IS A RELEASE OF LIABILITY AND A STIPULATED DAMAGES AGREEMENT. DO NOT SIGN THE AGREEMENT IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.
PARTICIPANT'S SIGNATURE and DATE

(If participant is a minor) PARENT'S OR GUARDIAN'S SIGNITURE and PHONE NUMBER/S

ADDRESS _____

City - _____ State - _____ Zip code _____

Country _____

Phone Number/s _____

Email Address _____

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Please complete the following for our records:

Is there anything we need to know about your health?

Your Swim Skills: Beginner _____ Intermediate _____ Advanced _____

Snorkeling Experience? _____

When were you last swimming? _____ Where? _____

Sex: M _____ or F _____ Age: _____ Birth Date: _____

NAME and Phone Number of Person to Contact in Case of EMERGENCY:
