

# SACRED RETREATS PERÚ – SIGN UP FORM

Full Name

Phone

Skype Name (if any)

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Address

Address (Line 2)

City

State

ZIP

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What retreat are you signing up for?

What is your Spanish Level

Will this be your first time in Perú?

Yes  
No

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Are you interested in trip add-ons to see other parts of Peru? If so, where would you like to go?

Please list any food allergies and/or preferences

What do you do to take care of yourself?

Please include a short description of your experience (or lack thereof) with yoga asana and yoga philosophy

Were you referred to Sacred Retreats Perú by someone? (name)

Date (mm/dd/yyyy)

## AGREEMENT:

By submitting this form I am consenting to voluntarily take part in a retreat hosted by Sacred Retreats Peru LLC. I fully absolve Sacred Retreats Peru LLC from any liability and responsibility for accidents that may happen during the trip as I understand that there are risks involved in international travel. I know that travel insurance is not provided by Sacred Retreats Peru but it is highly recommended that I purchase it before my travels. I promise to behave in a responsible, respectful manner with my group and with the people that I interact with during the retreat. Dismissal from the group without refund is possible before the retreat ends if I in any way threaten the safety or well-being of my fellow travelers.

Print your name

Passport number: