

## Release & Renew Release Form

---

LIABILITY AND RESPONSIBILITY – Please carefully read the following conditions. When you purchase any Souldancer Network, Inc. or Leave Your Fat Behind, Inc. product or service, you consent to the conditions on the following three pages.

### **Concerning Accommodations & Retreat Space**

Souldancer, Souldancer Network, Inc, Leave Your Fat Behind, Inc. and Yoga Oasis hereafter known as *Providers* may from time to time provide accommodations or space for workshops or retreats. *Providers*, their agents or assigns are independent of any resort, hotel, or subcontracted tour company featured by *Providers*. *Providers* has no responsibility whatsoever in whole or part for any occurrences including but not limited to any delay, loss, accidents, personal injury, sickness, medical expenses, or property damage occasioned by fault or negligence of any person, employee or company entrusted with the performance of such service from whatever cause.

Tour operators, owners of the tour operator, or resort or the owners of the resorts, have no responsibility whatsoever for any expense or inconvenience caused by late arrivals and departures of trains, ships, airplanes, buses, autos or any changes of schedule beyond its control. Tour operator, resorts, or the owners of resorts have no responsibility for the loss of, or damage to your luggage, money, jewelry, valuables or any other belongings whatsoever and howsoever caused. All services, including but not limited to hotel accommodations, restaurants, shore excursions, water sports equipment, and ground transportation are provided by contractors that are independent from, and that do not act for or on behalf of any booking agent of or as joint ventures with the air carrier, tour operator, hotels, or owners of or resorts. If, because of loss or damage to the resort, or any other cause beyond the reasonable control of *Providers* is unavailable, *Providers* shall have the right to replace the resort with a reasonably similar resort or *Providers* has the right to cancel the event and refund all monies to the guests. Such refund shall be *Provider's* sole measure of damages.

*Providers* reserves the right to make changes that might become necessary with or without notice. *Providers* reserves the right to accept or decline any person as a member of any event at any time. This contract may be requested in advance by writing or emailing *Providers* at the addresses noted below.

### **Concerning Isagenix Cleansing Program.**

**Isagenix statements have not been evaluated by the Food and Drug Administration. Isagenix products are not intended to diagnose, treat, cure or prevent any disease.**

#### **Program Disclaimer:**

If I am diabetic, on medication, have a medical condition, or are beginning a weight control program, I understand I need to consult with my medical professional before using Isagenix products or making any other dietary changes. I will immediately STOP consuming any product if an allergic reaction occurs. I will keep all Isagenix products out of reach of children.

#### **Weight-Loss Disclaimer**

Results may vary. In a recent study, participants averaged a weight loss of 7 pounds at the completion of their first Isagenix 9 Day Program. I understand it is in my best interest to consult with my medical professional before using Isagenix products or making any other dietary changes, or starting any nutrition, weight control or exercise program.

### **Reservations and Registration**

To reserve a space in any programs offered by *Providers*, you must read, understand, sign and return this Release form to *Providers* to verify that you've:

- Reviewed and agreed to the information contained in this release form.
- Consulted with a licensed medical professional regarding Isagenix ingredients and how any prescribed or non-prescribed medications or treatments may interact with Isagenix ingredients.

## Release & Renew Release Form

---

A confirmed registration or reservation shall constitute a sole contract between *Providers* and you, our guest. *Providers* is not responsible for any act, omission or event during the time you are not part of the Cleanse Week Program. Any claim or dispute by you with *Providers* arising out of or relating to this contract or services pursuant to this contract shall be settled by binding arbitration in accordance with the rules then in effect adopted by the American Arbitration Association, which arbitration shall take place in the State of Hawaii. A request for arbitration must be filed within six months from the guests scheduled departure date.

### **Video / Photographic Release**

During our time together, *Providers* may or may not (at their discretion) video or photograph program activities. You may opt out of any promotional, publicity, or merchandising pictures taken during this event. You hereby agree that *Providers* may use photos of you, and authorizes the reproduction, sale, copyright, broadcast and /or distribution of said video, sound recording and pictures without limitations. You further agree and release *Providers*, their representatives and agents from any liability, loss, expense or claims arising from distribution, broadcast, sale or use of his or her likeness or voice. You certify that you are over 21 years of age. If you, our guest, do not want to be included in any promotional videos and pictures, you will sign a request form to not appear in any promotional material. *Providers* will then attempt, to the best of their ability, to exclude such images taken during the event. *Providers* will not guarantee that such images will be completely absent in promotional materials based on production errors completely out of the control of *Providers*.

### **Payment/Cancellation/Late Fee**

*Providers* reserves the right to cancel any reservation for non-compliance with the payment schedule outlined below. A late fee of \$50 will be assessed for any payment made five days (including holidays and weekends) after receiving a payment request. *Providers* payment dates based on booked event date. When you make your reservation, you will receive an email with payment dates and amounts.

### **Payment and Refund Schedule:**

- **\$500.00 Deposit due at time of registration.**
- 100% payment required 60 days before event start date.
- Refunds: 100% refund if you cancel within 90 days of starting your program or if we cancel for any reason. 50% refund if cancelled within 60 days of starting your program. **NO refunds if you cancel within 30 days (one month) of starting your program. Your payments may be applied to another party or to future events for up to two years from last payment date.**
- **If you must cancel completely within 30 days of starting your program, would someone else like to go?** If you find someone to replace you, we'll happily change your registration or reservation based on the following provisions:
  1. Your replacement reads, understands, signs and returns a signed released form to *Providers* not later than TWO WEEKS prior to event start date.
  2. A name change fee of \$150.00 is paid at time of name change request.

### **Name Change Fee**

A name change fee of \$150.00 will be charged for each name changed. Name changes may not be allowed within seven days of program start date. Rates subject to change until you make your final payment. All rates quoted in U.S. dollars; payment(s) in U.S. dollars only.

### **Travel Insurance**

We strongly encourage the purchase of travel insurance from a trusted licensed bonded professional.

Please initial here if you choose NOT to purchase travel insurance. \_\_\_\_\_

## Release & Renew Release Form

---

### **SIGNATURE / AUTHORIZATION**

I have read, understand and agree to the terms, liability, responsibility, payment schedules, deposit policy, cancellation policy, late fee, surcharge increase, and video tape/photographic release as written above. If travel is involved related to my workshop or retreat, I am aware that travel insurance may be available for me to purchase at my own expense. I am completely responsible for selecting and understanding all terms and conditions of any said travel insurance. I hereby authorize *Providers* to access totals of my resort folio accounts if applicable. I hereby certify that I will not bring any illegal drugs to any *Providers* event and accept full responsibility and further agree to indemnify *Providers* for any fines, damages or charges brought against me concerning illegal drugs. This contract is enforceable by the laws of the State of Hawaii. This reservation request form becomes a contract upon receipt by *Providers* with the initial deposit. If I fail to meet the outlined deposit/payment schedule, *Providers* reserves the right to cancel this reservation and assess the cancellation fee as outlined above.

I understand that resorts and schedules are subject to change with or without notice. Regarding all program travel, I am responsible for arriving at the point of departure, with all required documentation, at the time set forth in your confirmed travel documents. I am solely responsible for determining my immigration requirements and obtaining appropriate documentation, including but not limited to visas, passports, etc. *Providers*, their agents, or resorts or the owner of or resorts shall have no obligation to refund any amount paid by you, in the event that you miss the departure of the plane or other means of transfer, as a result of the guest's failure to be at the point of departure as instructed.

---

Participant Signature

---

Date (Month / Day / Year)

**Fax completed form to *Providers* at: 801-443-8935** or scan a signed contract and email it to: [souldancer@leaveyourfatbehind.com](mailto:souldancer@leaveyourfatbehind.com)

### **Printed Contact Information**

---

Government Issued Identification / Legal Name (Last, First, Middle Initial)

---

Address

---

City, State, Postal Code, Country

---

Phone

Preferred Name (Nickname)

---

Email Address (used only for important notices and updates)