

Legal Registration Form – Joy of Simplicity Yoga and Meditation Retreat

With Renate Heiss – Ananda Forest, Orgiva
October 2-7, 2025



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Zentrum

Total Price per person– All-Inclusive

- Last minute offer 890,-

Price Includes:

- ✓ 6 days/5 nights accommodation with 3 daily vegetarian meals and non-alcohol drinks
- ✓ 12 yoga, somatic, and meditation sessions (30–75 min)
- ✓ Guided hikes & walking meditations (participation at your own risk)

Participant Information

- First Name: _____
- Last Name: _____
- Street: _____
- Town & ZIP Code: _____
- Date of Birth: ____ / ____ / ____
- Phone: _____
- Email: _____

Health Information & Consent

☐ I have the following allergies:

☐ The retreat facilitators should be aware of the following

medical conditions: _____

☐ I take the following medication:

☐ I use psychoactive drugs:

☐ I confirm that I will not consume drugs or alcohol during the retreat (this is a prerequisite for participation).

☐ I confirm that I am physically and mentally fit to participate and have consulted a doctor if necessary.

☐ I acknowledge that participation in yoga, meditation, and hiking activities involves inherent risks. I release the organizers, instructors, and venue from any liability for injury, loss, or damages incurred during the retreat.

Date and Signature Participant:

Financial Agreement & Payment Terms

☐ **Early Bird Rate:** I _____ agree to pay **€ 1,100** in full by **July 20, 2025**.

☐ **Regular Rate:** I _____ agree to pay **€ 1250** with a **€ 800** deposit upon booking to secure our spot. The remaining balance is due by **September 15, 2025**.

☐ **Last Minute Rate:** I _____ agree to pay **€ 890** by **September 30th** in full.

☐ I understand that failure to complete payment by **September 15, 2025**, may result in the forfeiture of your spot without a refund.

Sign

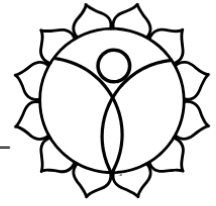


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Optional Extras

- ☐ **One-on-One Psychotherapy Session** with Renate Heiss (60 min, € 120) –

Preferred day: _____



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- ☐ **Join the WhatsApp Group** for travel arrangements & photo sharing (phone number, if different): _____

- ☐ **I consent to photos/videos** being taken by Renate and the retreat photographer for promotional use.

Sign

Cancellation Policy

- ☐ **€ 200 non-refundable fee** applies to all cancellations.
- ☐ **Cancellations before July 20, 2025:** Full refund minus the €200 fee if I find a replacement participant.
- ☐ **Cancellations between July 21 – September 1, 2025:** 50% refund.
- ☐ **Cancellations after September 2, 2025:** 10% refund.
- ☐ **I understand that refunds will be processed via bank transfer within 14 days.**
- ☐ **I am responsible for our own flight and travel insurance (highly recommended).**
- ☐ **I take full responsibility for my own participation.**

Privacy & Confidentiality Agreement

- ☐ **I agree to the use of our personal data in accordance with European GDPR regulations.**
- ☐ **I agree to keep all shared information, names, and personal details of fellow participants confidential.**
- ☐ **I will not share any photos/videos of other participants without their explicit consent.**

Final Agreement & Signature



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I confirm that by signing below, I agree to all the above terms.

Date: ____ / ____ / ____

Signature: _____

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Renate Heiss – Römerstr. 25, 84347 Pfarrkirchen

 Tel: +49 8561-9069719

 Email: yogatherapie.ypz@mailbox.org

 **Payment Details:** IBAN: DE87740618130103327612 – BIC: GENODEF1PFK

 www.yoga-psychotherapie-zentrum.de