

Retreat Agreement

- I understand that this retreat includes physical movements as well as an opportunity for relaxation, psychoeducation and mindfulness. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the retreat facilitators. I will continue to breathe smoothly.
- I assume full responsibility for any and all damages, which may incur through participation in the retreat.
- I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a program, if required.
- I will make the instructor aware of any medical conditions or physical limitations before the retreat. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.
- I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.
- I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Creative Mental Health & Yoga and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and Creative Mental Health & Yoga are not in any way responsible for any loss or damage of your personal property.

CREATIVE MENTAL HEALTH & YOGA

- I understand and accept that Creative Mental Health & Yoga is governed and bound by the laws of the State of Victoria, as well as by the professional and ethical considerations of PACFA (Psychotherapy and Counselling Federation of Australia) and Yoga Alliance.
- I agree to notify the retreat facilitators if I become distressed or if I require support of any kind.
- I agree to behave in a respectful and appropriate manner towards the retreat facilitators and the other attendees.
- I agree to not discuss potentially distressing topics with the other attendees such as weight, intake, ED behaviours.
- I agree to notify the retreat facilitators if my physical or mental health worsens and understand that I may not be able to stay for the duration of the retreat if I am unwell.
- I understand that if the retreat facilitators become concerned about my physical or mental health they may contact my emergency contact or GP to escalate the concern.
- I understand that it is up to me to decide which aspects of the retreat I participate in, and that it is my choice as to what is and isn't suitable.
- I understand that I am expected to nourish myself appropriately from the daily 3 meals and 3 snacks provided and that intake restriction is not permitted.
- I understand that attendance at this retreat is not a substitute for formal treatment for my eating disorder, but is a complimentary activity for those in advanced stages of recovery
- I understand that use of eating disorder behaviours, self-harm or substances will not be tolerated on retreat and that any indication of this will result in me being told to leave.

CREATIVE MENTAL HEALTH & YOGA

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement & Behaviour contract.

I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Date: _____



CONTACT

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