

# Yoga & Wine Retreat

with Domonick Wegesin, PhD

## Cheers!

Please print, complete and return this form with your payment to:  
Domonick Wegesin, 12 Shetland Ct., Oakland, CA 94605

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Dietary Information

Vegetarian

Vegan

Other: \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Accommodations

Please write in where you will be staying during the retreat. If you're yet undecided, you may let me know later.

\_\_\_\_\_

### Payment

I am enclosing a check to Domonick Wegesin for the

Deposit Only \$ 100 (balance due on October 1<sup>st</sup>)

Full payment \$ 275

### Notes

Anything you would like me to know about your practice, any injuries that you are working with or special requests/concerns for this retreat.

\_\_\_\_\_

\_\_\_\_\_

# The Opener

Domonick Wegesin, Ph.D. RYT, LMT  
12 Shetland Ct. Phone 510-219-1851  
Oakland, CA 94605 domonick@theopener.com

Print Name: \_\_\_\_\_

## Liability Waiver (please read and sign)

I, \_\_\_\_\_ (initial here), hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Dr. Domonick Wegesin at The Opener during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation.
3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Dr. Wegesin, The Opener or The Gustafson Family Vineyard for injury or damages that I may sustain as a result of my participation.
5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Dr. Wegesin, The Opener or The Gustafson Family Vineyard for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date