

2018 Crafty Gemini Sewing/Quilting Retreats Contract

- Please complete one form per retreat participant.
- Please sign and return this agreement to Crafty Gemini, LLC as soon as possible.
- Failure to do so will result in losing your spot to attend the retreat.
- All spaces in the retreat and accommodations are processed on a first-come basis upon receipt of your signed Retreat Contract and non-refundable payment.
- Please keep a copy of this form for your records.

Available dates to choose from below: May 18-20, August 9-12 and Nov.29- Dec. 2nd.

May 2018 Retreat is short-format from Friday- Sunday. (3 days/ 2 nights)

August & Nov. retreats are all from a Thursday- Sunday. (4 days/3 nights)

Check- in: 3:00pm on first day of Retreat (Thursday or Friday depending on date)

Check out: after brunch on Sunday (~1:00pm)

Retreat includes lodging and meals at Luther Springs Retreat Center in Hawthorne, FL, classes, all meals, snacks, double occupancy accommodations in hotel-style rooms with twin beds and private bathrooms, access to on-site pop-up quilt shop, event t-shirt, 10-minute chair massages, and a loaner sewing machine (if needed), etc. (A complete itinerary will follow.)

All overnight accommodations are double occupancy.

No single room accommodations are available.

Travel to and from Luther Springs Retreat Center and personal expenses are *not* included.

FINANCIAL TERMS:

- All fees are NON-REFUNDABLE. Please understand that when you sign up to attend the retreat if you are unable to attend for whatever reason you will be forfeiting your spot at the retreat with no refund. You can fill your spot but it is your responsibility to do so and Crafty Gemini LLC will not assist in the matter. It is also your responsibility to let us know who will be filling in for you so we may contact them for the necessary paperwork.

RETREAT REGISTRATION:

Circle the 2018 retreat date(s) you are registering for:

MAY 18-20

AUG 9-12

NOV 29- DEC 2

Name: _____

Street Address:

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: () _____

Cell Phone: () _____

*ROOMMATE REQUEST: _____

PERSONAL INFORMATION:

Gender: _____ Age: _____ I have mobility issues. I am a smoker.

DIETARY PREFERENCES:

Although we cannot guarantee special meals, we will try to offer options to help accommodate most dietary restrictions. If we cannot accommodate your dietary restrictions we will happily refund you your deposit payment and cancel your retreat registration. We want you to be happy and enjoy your time here and don't want you to starve because we cannot feed you what you can eat.

I do not request any dietary needs.

I do request special dietary needs.

I **do not** eat these foods: Meat Egg & Milk Gluten-containing foods

Other foods: _____

Food allergies: _____

MEDICAL HISTORY:

Do you have any medical history, allergies or medications which you would like us to have on record?

No Yes, explain:

TRAVEL INSURANCE:

Baggage, accident, medical and trip cancellation/interruption insurance is recommended. Crafty Gemini LLC cannot be responsible for extra expenses due to delays and changes in your itinerary for reasons beyond our control. I understand that I may purchase travel insurance for baggage, accident, medical and trip cancellation/interruption refunds through a travel insurance company (consult with your travel agent) and I DO or I DO NOT intend to obtain travel insurance to cover any losses related to the 2018 Crafty Gemini Sewing/Quilting Retreat.

RELEASE OF LIABILITY AND ASSUMPTION OF ALL RISK RESPONSIBILITY:

Crafty Gemini LLC, its retreat center (Luther Springs) and/or suppliers of services cannot accept any responsibility for losses or additional expenses due to delay or changes in travel schedules or other causes. All such losses or expenses will be the sole responsibility of the retreat participant. The right is reserved to make minor adjustments to the retreat plan and the right is reserved to cancel the quilt retreat. In case the retreat is canceled all money will be refunded. The signing of the Crafty Gemini Sewing/Quilting Retreat Contract shall be deemed to be the consent to the above conditions.

DISCLOSURE: I am aware that during my participation in the quilt retreat certain risks and dangers may arise, including, but not limited to the hazards of traveling to the retreat location, forces of nature, an accident or the onset of illness. Also I am aware and clearly understand that Crafty Gemini LLC will not have liability regarding provision of medical care, the speed of evacuation or the adequacy of any care that may be rendered.

I understand that Crafty Gemini LLC will use their best efforts to ensure that all adequate measures are taken to avoid such occurrences. By signing the Crafty Gemini Sewing/Quilting Retreat Contract I am VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY RISKS. As lawful consideration for the contract with Crafty Gemini LLC to participate in this retreat, I hereby agree that I will not make any claim against Crafty Gemini LLC and its owners from all claim actions and demands that I may have for bodily injury, death, or property damage arising from my participation in this retreat. Signing of the Crafty Gemini Sewing/Quilting Retreat Contract will serve as my release of Liability and Assumption of Risk agreement. This agreement is binding on my heirs, legal representatives and assigns. If any portion is unenforceable, the remaining portions shall remain in full force and effect.

I have read the terms which are applicable to the 2018 Crafty Gemini Sewing/Quilting Retreats concerning payment, liability and cancellation, and I agree to the terms and conditions. I agree

that any segment of the retreat which I miss, including meals, evening programs, and overnight accommodations is not refundable unless covered and reimbursed by appropriate travel insurance purchased separately. I understand that my signature advises Crafty Gemini LLC of my agreement to the terms set herein.

Note: Crafty Gemini LLC hosts retreats with congenial, mature adults. If, for any reason, the retreat leaders feel that any participant(s) is causing a disruption or behaving in an untoward manner, Crafty Gemini LLC reserves the right to remove any such person(s), at his/her own expense, with no redress to Crafty Gemini LLC. Space is subject to availability and places are filled on a first-come basis upon receipt of the signed Retreat Contract with the non-refundable deposit or full payment. Retreat programs, retreat leaders, and retreat center arrangements may change due to unforeseen circumstances.

Signature: _____ Date: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: () _____

Email: _____

Please fill out, sign, scan & email this agreement to: **Bea@craftygemini.com** or
snail mail to:

**Crafty Gemini
PO BOX 346
Lacrosse, FL 32658**

[The following form is from the Luther Springs Camp and Retreat Center and must be filled out as well. Please fill it out and send it in with your Crafty Gemini Sewing/Quilting Retreat Contract.]

FLORIDA
PUTNAM COUNTY

LUTHER SPRINGS CAMP AND RETREAT CENTER

PARTIAL WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration of Luther Springs furnishing services and/or equipment to enable me to participate in a variety of outdoor and recreational activities. I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers, and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my participation in each outdoor and recreational activity or retreat that is provided by or on behalf of Luther Springs for the age group in question (which may include, among other things, camping, hiking, canoeing, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge Luther Springs, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Luther Springs and its respective agents and employees. I further waive, release and discharge Luther Springs for any claim arising from participation in any programs, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Luther Springs, or its agents is a party shall be the General Court of Justice, Putnam County, Florida. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of Florida, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE LUTHER SPRINGS CAMP AND RETREAT CENTER AND NOVUSWAY INC. FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

PARTICIPANT NAME (PRINT)

PROGRAM OR RETREAT DATES

SIGNATURE (If 18 years of age or older)

DATE

SIGNATURE OF PARENT OR GUARDIAN
(If less than 18 years old)

Street Address

Email Address

City, State, Zipcode

PLEASE BRING THIS FORM WITH YOU—TURN IT IN AT CHECK-IN