



## ***Joya Retreat Participant Consent Form***

By participating in a Joya Retreat:

- I understand the Joya retreat is a recreational wellness getaway designed for improving my overall physical, emotional and spiritual well-being and not a substitute for medical treatment or other forms of psychological/psychiatric therapy, and it is recommended that I see a qualified professional for any physical or mental condition that I may have.
- I understand that the facilitator does not diagnose, prevent, or treat any mental illness or physical condition. Therefore, I do not hold the facilitator or organization accountable for any possible emotional or physical symptoms during or after the retreat.
- I do not hold the facilitator or organization accountable for my physical health or injuries during the retreat.
- I understand that it is my responsibility to inform the organizers and seek medical assistance should I become ill with flu like symptoms, develop fever, or test positive for COVID-19 before or during the retreat.
- I understand that the retreat follows all local/state COVID-19 guidelines for group gatherings.
- I acknowledge my facilitator's dedication to act in my best interest, utilizing psychological, energetic, spiritual, and personal growth tactics in combination with movement and therapeutic grade essential oils and other plant medicines.

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

\_\_\_\_\_  
Retreat Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print, sign and return to Joya Livermore 1 week prior to retreat.