

Hawaii Health Getaway Reservation Form

Big Island Retreat

Trip Date: April 30 - May 7, 2011

Couples, please fill out a separate reservation form for each participant. This form may be copied.

Name: _____

Address: _____

Email: _____ Phone: _____

Payment:

(Circle one)	Registration	Private Room	Cottage (double)	Cottage (private)
Retreat fee	\$2,050	Additional \$350	Additional \$110	Additional \$450

Van service: \$150 per person (to and from the airport at prescribed times as well as to all activities)

Total Fees: _____

A \$500 deposit is necessary to confirm your reservation. Full payment is due 30 days prior to departure.

Cancellations: If you must cancel your trip, all but a \$100 administration fee will be returned to you if we receive your cancellation notice in writing at least 60 days prior to trip start date. No refunds after start of retreat. If we must cancel a trip due to unexpected events, an immediate full refund (including deposit) will be made and our financial liability will not include additional expenses incurred by applicants preparing for the trip.

Insurance: We recommend that you protect yourself with short-term baggage, accident/life and trip cancellation insurance available through any travel agent for a nominal premium.

Liability Release: Hawaii Health Getaway is designed to offer a safe, healthy vacation. There are however some risks or dangers associated with any trip, including but not limited to air, bus, car or watercraft accidents, swimming or diving accidents, illness or acts of nature, man or God.

I will participate in the Hawaii Health Getaway at my own risk and hold all staff and related parties harmless from, and defend them against any and all demands, liabilities, suits, causes of action and claims of any kind which may arise in any connection with my participation.

Signature: _____ Date: _____

Copy and Mail Reservation Form and Deposit to:
Hawaii Health Getaways
RR2, Box 3902
Pahoa, Hawaii 96778
(808) 651-7988
www.HawaiiHealthGetaway.com