

# **CLIENT QUESTIONNAIRE**

BASIC INFORMATION								
Full Name:				Age:	M F			
Email:				Birthday: /_	/			
Tshirt Size:			This will help us	Are you a morning person?  This will help us create the best surf and fitness schedule for you.				
SURF HISTORY								
Have you ever surfe	ed before?	Yes	No	If yes, how many times?				
Where did you surf	·?							
When did you last surf? What size board?								
MEDICAL INFORMATION								
Do you have any in	iuries or hea	Ith condition	that could in	nterfere with the practice of	some activities?			
Yes	No		ease specify	•	Joine donvines.			
		• / ·						
Do you take any me		lf von mi		_				
Yes	No	ir yes, pie	ease specify	:				
Do you have any allergies? (Insects, food, others)								
Yes	No	No If yes, please		:				
Do you have any dietary (food) restrictions?								
Yes	No		ease specify	:				
		· · ·						



### **CANCELATION POLICY**

#### Cancelation Policy & Fees

If you feel it necessary to cancel your vacation then please contact us as soon as you are able. Penalty fee rates for cancelation are outlined below:

60+ days before departure, the fee is \$100

59-31 days before departure, the fee is \$150

30-14 days before departure, the fee is \$250

13-0 days before departure, the fee is the amount corresponding to 50% of the total cost of your retreat package

It is important that you have adequate travel insurance to cover your retreat purchase. The most common reason for last minute cancellations are personal injury or a death in the family, so we advise that you check with your insurer to make sure that they will cover you in these instances. We strongly advise that you always have travel insurance as it covers your costs in the event that you have to miss some, or all of your trip but are not eligible for a refund from us under our cancelation policy.

If your stay at BFit Retreat has to be cancelled by us but due to reasons beyond our control (like a natural disaster for example), BFit Retreat is not liable for any refunds or travel costs so it's also important that your travel insurance should cover "operator cancellations", which most standard policies do.

No partial refunds or credits will be given for unused activities nor services such as hotel rooms, surf lessons, fitness work-outs, yoga or trips. Our retreats are quoted as a package; credits are not given for unused services.

No refunds will be given for any reason.

#### Medical Insurance

You should always have medical insurance whenever you travel abroad. Your medical insurance must cover you for the duration of your trip and for all activities - including, but not limited to, surfing, hiking, fitness, yoga, etc. It must also cover you in the event that you require emergency evacuation or repatriation. There are companies that provide supplemental travel insurance in addition to your main insurance provider.

Bfit retreat does NOT provide any medical insurance nor coverage.

#### Additional Services

If you would like to add any additional activities/services that were not outlined in your original retreat package, they will be charged at an additional rate. Activities and services can include, but are not limited to, surf lessons, surf tours, boat tours, transportation services, yoga, fitness work-outs, hiking, etc.

As outlined above, no partial refunds nor credits will be given for unused services or activities

As outlined above, no partial returns not credit	is will be given for unused services or acti	villes.		
I, to the terms and provisions contained in this aç Guardian and the Participant shall both sign th	•			
Signature:	Date:	/	/	
Participant				
Signature:	Date:	1	/	2/2
Parent or Legal Guardian				2/3



## **LIABILTY & INDEMNITY AGREEMENT**

BASIC INFORMATION							
ACKNOWLEDGMENT OF RISKS							
In consideration of my/my child's participation in the beach activity ment	ioned below,						
I, (the Participar	nt)						
and I, (Parent or Le	(Parent or Legal Guardian if the Particiapnt is under 18						
years of age)							
AGREE AS FOLLOWS:							
I understand that the ocean is not owned, operated, supervised, managed understand that surfing and related ocean and sports physical activities cluding, in extreme cases, loss of life from the surf/swimming environme currents, surfing equipment, and sea pests.  I agree to indemnify, defend, hold harmless and release from all liability sors, hotel partners from ALL LIABILITY to my child or myself, my family next of kin for ANY LOSS OR DAMAGE RESULTING FROM PHYSICAL ERTY DAMAGE arising from my/my child's participation in the surfing and	s carry an inhere ent from wave act BFIT RETREAT , heirs, assigns, I OR MENTAL IN	nt risk of lion, personstructor personal	oodily injury onal health i s, owners, s representati	ssues, pon- ves or			
I FURTHER AGREE THAT:							
<ul> <li>I / my child am/is in good health and am/is an able swimmer.</li> <li>Photos taken may be used for promotional purposes.</li> </ul>							
I HAVE READ AND UNDERSTAND this "Acknowledgment of Risks and Agreement" and have signed this Acknowledgment of risks and Release and agree that no oral representation, agreements, or inducements, apabeen made.	e, Waiver of Liabi	ity and In	demnity vol	untarily,			
I, (the participan to the terms and provisions contained in this agreement. If Participant is Guardian and the Participant shall both sign this document.	nt), BY SIGNING under 18 years o	BELOW, of age, the	accept and e Parent or I	agree _egal			
Signature:	Date:	_ /	/				
Participant							
Signature:	Date:	_ /	/				
Parent or Legal Guardian							