

HomeStay Waiver Policy

I, _____, **individually referred to as, RELEASOR**, being over the age of 18, and in consideration of being permitted to be present at the Exotic Adventure Wellness Journey Retreats or HomeStay do, for myself, my spouse, my heirs, executors, administrators, successors and assigns, **HEREBY FULLY RELEASE AND FOREVER DISCHARGE** Barton & Marissa Cary-Campbell (aka - Baratunde and Kayah Ma'at), The Forgotten Foods...Remembered, Forgotten Foods, Exotic Adventure Wellness Journey, their EMPLOYEES, AFFILIATES, SUCCESSORS, ASSIGNS, WELLNESS STAFF, and/or their respective heirs, successors and assigns, (hereinafter all collectively referred to as "**RELEASEES**"), of and from any and all actions, causes or right of action, suits, damages, judgments, executions, claims and demands whatsoever, either in law or equity, by reason of any matter, cause or thing whatsoever, known or unknown, ARISING FROM ANY ACCIDENT, INJURY OR WHATSOEVER, RELATED TO, RESULTING FROM, OR IN ANY WAY CONNECTED WITH, RELEASOR'S presence at the HomeStay or Retreats and activities.

This release contains the entire agreement between the parties hereto, shall not be altered except in writing signed by both parties, and shall be considered a contractual agreement. **RELEASOR FURTHER STATES THAT HE OR SHE HAS CAREFULLY READ THIS ENTIRE AGREEMENT, SIGNED OF HIS OR HER OWN FREE WILL, AND, IN SO DOING, ACKNOWLEDGES AND AGREES TO ABIDE BY THE FOLLOWING EXPRESS TERMS AND CONDITIONS:**

Releasor Signature

Date _____

Releasee Signature

Date _____

*This signed document MUST be faxed or emailed into the office of The Forgotten Foods...Remembered when paying initial deposit.

Fax number: 770-783-2106

Email address: longlife@theforgottenfoods.com

GUEST INFORMATION

- Name: _____
- Email Address that you regularly check: _____
- Billing Address: _____
- Home Phone #: _____ Cell #: _____
- Who will be sharing a room with you? _____
- How did you hear about The Exotic Adventure Wellness Retreats or HomeStay?

- What is your preferred diet? _____
- List your favorite fruits and vegetables? _____

- List the fruits or veggies that you truly dislike. _____

- Do you or your guest have any known allergies? _____

CREDIT CARD AUTHORIZATION FORM

- PayPal, MasterCard, Visa, or American Express is accepted for all Retreat payments.
- You **MUST** complete this credit card authorization form and FAX it to **770-783-2106** or scan and email it to longlife@theforgottenfoods.com.
- Credit Card # _____ Exp. Date _____
- CID # _____ (3 or 4 digit code on the back of card)
- We will withdraw * _____ from the above credit or debit card 1 time a month. Please check which **day** of the month that works best for you. () 5th () 15th () 25th
*See your Retreat Payment Schedule to establish the monthly withdrawal amount.
- I authorize The Forgotten Foods to charge this card for my deposit and additional monthly payments. I understand that the remaining payments, if I am not paying in full, will be auto charged to my card on the **above** established agreed upon **day** of the month. I realize that it is my responsibility to update my card information and expiration date should it change prior to the end of this agreement.