

# Forest Bathing Wellness Retreat Consent Form

## Participant Information

Full Name

Email Address

Date

## Health and Safety

I acknowledge that I am voluntarily participating in the Forest Bathing Wellness Retreat. I understand that the retreat may involve walking on uneven terrain, exposure to natural elements, and other risks associated with outdoor activities.

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I acknowledge and accept these risks.

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I confirm that I am physically able to participate in outdoor activities.

## Confidentiality and Media Release

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I agree to respect the privacy and confidentiality of other participants.

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I consent / do not consent to the use of photos or videos taken during the retreat for promotional purposes.

## Emergency Contact (Optional)

Name

Phone Number

## Signature