

Retreat Liability Waiver & Assumption of Risk

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Full Name: _____

Retreat & Dates: _____

Phone: _____

Emergency Contact (Name & Phone): _____

Any relevant medical conditions/allergies: _____

1. Assumption of Risk

I acknowledge that traveling to a private island via watercraft and participating in wellness retreat activities involves inherent physical risks. These include, but are not limited to, yoga, breathwork, intensive meditation, swimming, river dips, and unguided or self-directed kayaking. I expressly and voluntarily assume all structural, physical, and medical risks inherent to these activities.

2. Limitation of Liability

To the maximum extent permitted by applicable Indian law, I release Inward Action, its founders, facilitators, employees, and island partners from liability for any direct, indirect, incidental, or consequential damages, including personal injury, illness, psychological distress, property damage, or wrongful death, arising out of or connected with the retreat or island transit. Inward Action acts solely as an intermediary for third-party transport providers and accepts no liability for transit incidents. Nothing in this waiver limits or excludes Inward Action's liability for death or personal injury resulting directly from its proven gross negligence or willful misconduct.

3. Medical Disclaimer

I confirm I am at least 18 years of age and in good physical and mental health. I understand it is my sole responsibility to consult a physician prior to participating in breathwork, physical yoga, or water sports. I understand Inward Action provides no medical care, and I assume all financial responsibility for emergency medical evacuation or treatment, should it become necessary.

4. Governing Law

This waiver is governed by the laws of India. Any dispute arising out of or in connection with this waiver, or my participation in a retreat, shall be subject to the exclusive jurisdiction of the courts in Panaji, Goa.

I have read this waiver in full, understand its contents, and sign it voluntarily.

Signature: _____ **Date:** _____

For a Participant under 18, a parent or legal guardian must also sign below.

Guardian Name: _____ **Guardian Signature:** _____