## Reservation Form 2010 for Artista Creative vacations for women



Please fill out co	ompletely and fax to: 831-625-4267 or	mail to: Artista Creative Box 466	69 Carmel-by-the-Sea, CA 93 City	921. All information below will re	emain strictly confidential.  Zip
Tour name		Address	City	State	2.19
Phone		Alternate phone	Email		Date of birth
In case of emergence	cy contact: Name	Phone	Fax	Email	Relation to you
Artista Creative vac	rations include activities such as yoga, walking, et	c. Please describe any medical conditions t	hat would prohibit you from participa	iting in these activities?	-
How did you discov	er Artista Creative vacations?		Any food allergies?	What is you	ur occupation?
Thow and you discov	er Artista ereative vacations.			· What is you	п оссираноп.
	or art studies experience  ☐ Beginner ☐ Intermediate ☐ Advance	Please explain your interest in art	and painting		
Select your	rroom		Vicionam	rata	
Boutique Inn	○ Shared room/twin bed \$1395	O Private room \$1895	Visionary  Reserve your you	ration at least 90 days in advance	and deduct \$100
Landmark Hotel	○ Shared room/twin or double bed \$159	5 O Private room \$2195	neserve your va		ere if you qualify:
If you selected a Sh	nared Room above, please write your roommate's	name here:			
Select your	r class and date				
en Cer  Modern encau  April 19-21		Colaje.			
Reservation	n details				
Room & Discour stowaway roomm discount deadline Cancellation Polic refers to Artista Crintention of cance insurance will pay through your trave If you cancel or cyears of your origifollowing schedule start date, 70% of payment may be a Exceptions to our and Participant Ag be subject to an au If we cancel or c	acations often sell out at least 60 days in adnt Information: Each room is in a modern nates are not permitted. You may choose the series of a consider the series of the	hotel with a private bathroom. Room to Visionary prepaid discount if deposition our scheduled Artista Creative vacation, anifesta Corp. It is your responsibility to acted things do happen, so please consist agencies, insurance must be purchased are insurers: http://www.insuremytrip.co. toffer cash/check or credit card refur credit to another guest and/or Artista Cration start date, 100% of your payn sta Creative vacation. You will forfeit 30 u will forfeit 60% of the price of your vag weather, injury, or personal emergencies form within one week of reserving your apply. r full payment to another vacation, or	is are available on a first come, fi it is made at least 90 days prior including postponing or reschedulin read and understand our cancellation der purchasing travel cancellation i within 14 days of making your re m. nds for any reason. A portion of your reative vacation. Depending on whe network was a post on the price of your vacation. If % of the price of your vacation. If the acation of your vacation of your vacation or 90 days prior to your vacy you may request a refund of your	irst served basis, so early bookings of to your arrival date. Please, no except g. "You" refers to the guest reserving an on policy before making a reservation. Insurance. Depending on the policy anservation. We strongly recommend put pur payment may be used as credit for en you cancel, cancellation fees may apply that the properties of the policy of	ffer better choices. Of course, ptions for extending Visionary in Artista Creative vacation. "We" Naturally, no one books with the d conditions, travel cancellation inchasing cancellation insurance another reservation within two poly. Fees are determined by the <b>-89</b> days before your vacation racation start date, 40% of your will forfeit your entire payment, it your signed Reservation Former. Guests who fail to do so, may
,	confirming that you have read and unders				
Guest Signature:				Date:	
Payment of	ptions				
	a, American Express, checks, and money once is due 30 days prior to your vacation star				
Credit card type	Name on car	d Card numb	per E	xpiration date Three or four dig	jit security code (on back of card)
○ VISA ○ Mast	erCard O AmEX				
Cardholder signatur	re:		C	Date:	

All Artista Creative guests must read and agree to the terms of Artista Creative Participant Agreement, Release, and Assumption of Risk form prior to booking travel arrangements or attending your vacation. The form is included with this Registration form via download from our website www.ArtistaCreative.com or we will gladly fax or mail a copy to you.

fax 831-625-4267

## Participant Agreement, Release, And Assumption Of Risk



In consideration of the services offered by Manifesta Corporation dba Artista Creative Vacations for Women and our associates including the Cypress Inn and their affiliates, agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Manifesta"), I hereby agree to release, indemnify, and discharge Manifesta, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Falling which could result in cuts, bruises, abrasions, or concussions; sprains, strains, broken bones, paralysis, even death. Furthermore, Manifesta instructors and staff has difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks, known or unknown.
- 3. I understand, that should I become disruptive to the program, rude or abusive to Manifesta guests or staff, create discomfort for other guests, or disregard safety standards, I may be asked to leave without compensation. Manifesta reserves the right to refuse service to anyone.
- 4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Manifesta from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Manifesta's equipment or facilities, including any such claims which allege negligent acts or omissions of Manifesta.
- 5. Should Manifesta or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 6. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 7. In the event that I file a lawsuit against Manifesta, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- 8. I understand that artistic painting requires the use materials that may effect me adversely and although Manifesta will do their best to mitigate those effects, negative reactions to the painting process does not constitute a refund. I understand that weather, terrain, and other natural conditions including exposure to insects and micro-organisms such as bacteria and viruses are an inherent risk while on vacation and are therefore not grounds for a refund.
- 9. I understand that from time to time, photographers may take photos of guests for use in promotional materials such as websites, advertisements, catalogs, and magazine editorial. I do not expect any compensation for such use. If I do not want my photograph taken I will inform a representative of Manifesta.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Manifesta on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant :	Print Name :	
Address :		
Phone :	Date :	
Parent's Or Guardian's Additional Indemnification	(Must be completed for participants under the age of 18)	
In consideration of activities and to use its equipment and facilities, I fu Minor, and which are in any way connected with suc	rther agree to indemnify and hold harmless Manifesta from any and	eing permitted by Manifesta to participate in its all claims which are brought by or on behalf of
Signature of Parent or Guardian:	Print Name :	Date:

Please fill out completely and fax to: 831-625-4267 or mail to: Artista Creative Box 4669 Carmel-by-the-Sea, CA 93921. All information below will remain strictly confidential.