Notification and Participant Agreement

(send to Campus Peregrini, Hinter den Höfen 10, 37276 Neuerode, Germany, or fax to: +49 (0)5651 952144, or scan and send via e-mail to: info@campus-peregrini.de)

I notify to participate in module 1 of the International Training for Change Process and Vision Quest Guides, called: YOUROPEAN QUEST in the time from September 20. to 24. 2016. This module is a taster and at the same time, it could be your entry for the entire **YOUROPEAN QUEST** training, in case you decide to sign the indenture, within two weeks after module 1.

<u>Remember</u>: The price of the entire training is 4940 \in , excluding food and accomodation, payable in two parts: **First part** = 2470,- € before Sept. 20.2016

In case you don't sign the indenture, only the 360,- € for the orienting taster module 1, will be charged. The rest of the fee, about 2110,- € (2470 € - 360,- € = 2110,- €) will be refunded to you. Second part =(2470 €) after Module 4 in April 2017

_____ Address: _____ Name:

Tel./e-mail: _____

I agree to pay **100**, - € as deposit. I agree to pay the rest of the 2470,- €, (the first part of the training fee – 100,- € deposit = 2370,- €), one week before the beginning of module 1 on September 20.2016, or latest at the beginning of the event in € and in cash. Please transfer all fees through the bank account of Campus Peregrini, banks name: Sparkasse Werra Meissner, accounts number: 74138, Bank Code: 522 500 30, for an easy transfer between European banks use also the following codes: IBAN: DE61 5225 0030 0000 0741 38, SWIFT-BIC. Code: HELADEF1ESW

I acknowledge, that I will be charged for this 100, - € deposit, if I withdraw from participation more than 3 weeks before the event and to pay the full amount for module 1 (360, $- \in$), if I withdrawal in less than that before the event. I agree to pay for food & accommodation, at the beginning of each event in cash.

In consideration of the services of the training facilitators, the Campus Peregrini, the Eschwege Institut and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as "the Eschwege Institut"), I hereby agree to release, indemnify and discharge them, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in this partly nature based activities 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 risk simply cannot be eliminated without jeopardizing the essential gualities of these activities. The risks include, among other things: Slipping and falling; exposure to potentially dangerous wild animals and insect bites; Equipment failure. Furthermore, "the Eschwege Institut" structures its programs responsibly but it is not possible to remove all risks or foresee all possible complications in a nature based environment.

2. I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities are purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless "the Eschwege Institut" from any and all claims, demands, or causes of action, which are in any way connected with my participation in these activities or my use of their equipment or facilities, including any such Claims which allege negligent acts or omissions of them.

4. I understand that participating in this activity cannot compensate any medical or psychotherapy treatment. If I am in current medical and / or psychotherapy treatment, I agree, to tell "the Eschwege Institut" and to talk with my doctor and / or psychotherapist about my participation.

5. I agree in not taking drugs during the activities and to tell the "Eschwege Institut" about any current addiction to drugs or alcohol.

6. I agree hold confidential all private details I get to know about other participants.

Date: _____Signature: ____