

REGISTRATION and Terms of Agreement

Malta Exploration: Jagged Rock

Facilitator: Nature's Path of Integrated Health, Inc. Kim Furtado, N.D. 1307 Savannah Road, Lewes Delaware 19958
npih2001@yahoo.com

Registered Participant NAME: _____

Address: _____

Phone: _____ EMAIL: _____

Logistics and Basic Information

Accommodations will be provided in the village of Xaghra, on Gozo Island in Malta. The country of Malta has two main inhabited islands, one is named Malta, and the other is Gozo.

At Dar il Paci (House of Peace)

There are four bedrooms at Dar il Paci. You may reserve your own private room, or sign up to share a room with one roommate. Each bedroom has either one or two beds. Each Bedroom has a private bath. Rooms will be assigned on first come first serve basis.

At the Orchard

There are two bedrooms at the Orchard. You may reserve your own private room, or sign up to share a room with one roommate. Each bedroom that can be shared has either one or two beds. Each Bedroom has a private bath. Rooms will be assigned on first come first serve basis.

Off-site

Rooms are also available on first come, first serve basis. Anyone wishing to choose the option "Private/separate Villa, with private bedroom" will be accommodated at a villa nearby Dar il Paci and the Orchard where the rest of our group will be mostly accommodated. This villa may be a private bedroom in a local villager's home or a private bedroom in a flat/apartment setting.

All registrants can review pictures of the offered accommodations to help make selections, available on first come first serve basis.

Dining

Only Breakfasts and Two Group Dinners are included with your registration. Teas and beverages and light snacks will be available throughout the week from the kitchen pantry.

Breakfasts: Your villa's kitchen will be stocked with groceries appropriate for breakfast choices for your own preparation and selection. (for example: fruits, cereals, breads, cheeses, eggs available for preparation, and beverages).

Initials Furtado _____

Initials Registrant _____

Two Group Dinners at the Orchard: (Day One and Day Seven) These dinners are served family style, home cooked by Dr. Kim, Julian and guests who would like to participate.

Lunches and other dinners are to be the individual’s responsibility. All Guests are welcome to share use of their villa’s kitchen for preparing their own groceries and meals as desired, and as space is available. There are also many options for dining out on Gozo.

Each evening the group will choose one selected village in Gozo, and transportation will be provided there and back according to agreed upon times. Group may choose to dine together or in small groups at local restaurants in that village. Individuals are also free/welcome to explore other villages for dinner independently, via their own arranged transportation means.

Curriculum Schedule

You have been provided the curriculum schedule, which is subject to minor adjustments due to logistical needs once we are on location. You are not required to participate in all group activities, but certainly encouraged to do so, to get the most out of your own experience on this retreat.

Curriculum schedule describes what is included and what is extra cost while on the trip, and is attached to this registration form.

Registration Policy

Upon Registration, a \$500 Non-refundable deposit will be paid to hold your spot. Your fee is determined by your requested sleeping arrangements, and will be coordinated by Dr. Kim upon your registration.

By 11/30/2017, an additional payment of \$600 is due. Your Balance is due by 1/31/2018

Travel Arrangements to Malta

Airfare is not included. You want to arrange to fly into Malta International Airport on the first date of your session.

Dr. Kim can help you plan your travel itinerary and flights.

You must inform Dr. Kim of your travel itinerary and flight details, and work collaboratively with her to assist her in arranging your transportation to the accommodations once you arrive in Malta International Airport. However, please be advised not to book your flights prior to receiving confirmation from Dr. Kim that we have achieved the minimum threshold of 10 registrations. (see cancellation policy below)

Arrival

After registration, please arrange with Dr. Kim your arrival details. All details and addresses, contact information and scheduling for arrival will be coordinated. She will coordinate/schedule for drivers to bring our group members from Malta International Airport to the Ferry and onward to accommodations. Please check in with Dr. Kim at your accommodation location on Thursday of arrival between 12 pm -5:30 pm. Your room will be available upon your arrival. Our first group dinner is at the Orchard at 7pm

Departure

You must be packed up and ready for departure by 3 pm on the Thursday of departure, or earlier as your flights and prearranged travel needs dictate.

Initials Furtado _____

Initials Registrant _____

Transportation in Malta

Your registration fee includes ground transport from Malta International Airport to Gozo, including a ferry ride, on dates of arrival and departure. You are responsible to coordinate and collaborate with Dr. Kim in scheduling these contracted transportations, and are subject to the ferry schedule as well.

Transportation on Gozo and in Malta is available through various means, including private driver for hire, and well serviced bus route is nearby your villa. For group activities within the curriculum, as noted, transportation is either provided by facilitator’s contractors or we will be using the bus routes, varied by activity.

Otherwise, for free time and independent exploration, individuals are responsible for their own transportation, and these costs are not included in the registration fee.

Your villa is within walking distance to the sea, approximately 30 minute walk along the road which can be very pleasant in the morning especially, or as desired to explore the countryside and find your private time near the sea.

Cancellation Policy

Refunds: Your deposit is non-refundable.

IF you cancel prior to November 30, 2017, then refund is available for other fees paid, minus the non-refundable \$500 deposit.

If you cancel after January 31, 2018, no fees paid are refundable.

Because this is Dr. Kim’s First Excursion:

If less than 10 spots are reserved by December 31, 2017, then Dr. Kim will cancel or reschedule the Excursion. All fees, including your deposit will be refunded if the trip is canceled or offered for reschedule by Dr. Kim.

Please do not book your airfares prior to confirmation from Dr. Kim that we have achieved 10 registrations. She will confirm with you as soon as that threshold is achieved.

Dr. Kim is not responsible for your request or desire to refund or change airfare at any time or under any circumstance.

Dr. Furtado reserves the right to cancel the excursion if less than 10 registrations are obtained by November 30, 2017. Dr. Furtado reserves the right to provide a local Maltese substitute teacher/host in the extreme case her absence is required, due to personal medical or family emergency. All fees will be refunded if the workshop is cancelled by Dr. Furtado; however, no fees will be refunded if the excursion is not canceled but Dr. Furtado requires substitute facilitator due to emergency.

Participant Options:

I choose:

_____ **Session One:** Thursday March 29 to Thursday April 5, 2018

_____ **Session Two:** Thursday April 19 to Thursday April 26, 2018

_____ Either set of dates is acceptable to me, and I can attend either if only one is able to be offered due to registration limitations, dates will be notified to me by November 30, 2017.

Initials Furtado _____

Initials Registrant _____

For Sleeping Accommodations I choose:

_____ **Shared Villa, shared bedroom (two twin beds or Queen Bed)** \$1,749/per person

Please have me share this room with (name of other registrant) _____
or assign me a roommate _____

_____ **Shared Villa, private bedroom (one Queen Bed)** \$1,949/per person

_____ **Private/separate Villa, with private bedroom** \$2,349/per person

REGISTRATION FEES:

Due today upon signing Registration: \$500 Non-refundable deposit to hold your spot. _____ date paid \$ _____

\$600 payment due 12/31/2017 _____ date paid \$ _____

Balance due is: _____ by 2/28/2018 _____ date paid \$ _____

Payment: Mail a check or provide your card information for the Deposit. You may pay more than deposit if desired.

Credit Card _____ Expiration date _____ Amount \$ _____

Check # _____

The parties have executed this Agreement at on this _____ day of _____, 2017.

I _____ agree to the terms of registration for Explore Malta: Jagged Rock described above.

I agree to indemnify and hold Nature’s Path of Integrated Health, Inc, Kim Furtado, N.D., its officers, agents, collaborators, contractors and employees harmless from any loss or liability (including death) which may result from claims of injury to persons or property from any cause arising out of or during the use and occupancy of the Premises by Furtado and Furtado’s guests, agents, or employees. I shall notify Furtado of any damage or injury of which I have knowledge in, to, or near the Premises, regardless of the cause of such damage or injury. I understand travel to foreign country carries inherent risks, and hold no liability or loss against Furtado for any damage, loss or injury I incur while traveling and participating in this event, or travel before or after this event. I understand I am solely liable for my own experience, actions and decisions.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement as of the date first set forth hereinabove.

Registered Participant

Kimberly D. Furtado, N.D.

By _____

By _____

Name: _____

Name: _____

Date _____

Date _____

Initials Furtado _____

Initials Registrant _____