

Write Your Heart Out in Paris, August 31 - September 5th 2020

Write Your Heart Out in Paris Registration Form

Welcome to Write Your Heart Out in Paris! I look forward to this creative adventure with you in Paris.

The retreat begins on the afternoon of **Monday, August 31st and ends in the late evening of Saturday, September 5th**. Please plan your travel accordingly.

Your hotel reservation begins on Monday the 31st of August. Check-out is Sunday, September 6th. To arrange additional nights, contact the Hotel Delambre here: <http://www.delambre-paris-hotel.com/en/>

In order to secure your place in the retreat, please read the instructions below and fill out the form completely. Sign the form, and mail it with deposit to:

Original Impulse 1633 Harrison Street, Denver, CO 80206

Questions? Contact me at:

Cynthia: 303.442.0664 cynthia@originalimpulse.com

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Workshop Fee

Registration fee: \$2,900. This early registration rate expires on March 1st, 2020.

Registration fee after March 1st is \$3,300. Include with your registration a non-refundable deposit of \$1,000.

You may also pay with a credit card. Just ask and I'll send you a PayPal invoice. You do not need a PayPal account to use your credit card.

Note: **The balance is due on or before June 30th, 2020.** Failure to submit payment by this date will result in loss of your space on the program and loss of your deposit.

Payment with Check

Check Enclosed # _____ (Please make payable to: Original Impulse, Inc.)

Payment with Credit Card

If you wish to pay with credit card, please let us know. We will send you an invoice to pay online.

Please send this registration form with payment to our office. Keep a copy for your records. If you are paying online, you can email a copy to us.

Send to:

Original Impulse Inc.

1633 Harrison Street

Denver, CO 80206

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Tell us your contact information.

Name _____

Street Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

Birthday _____

Passport # _____

Emergency Contact info

Cell phone _____

Email _____

Your health and fitness

Your health and fitness directly impact your enjoyment of the retreat. It's important that you be able to participate as fully as possible. We do a few excursions together using the metro and walking, and you want to be sure you're up for it.

Please be honest about your abilities and needs and I will do my best to honor them.

Name

Allergies

Special Dietary Needs

Physical Limitations

Medications

What else do we need to know?

Your Travel Savvy

Part of this retreat is adventuring out on your own. You should be comfortable or willing to navigate the metro, walk and explore on your own or with other participants.

Please tell us a bit about your travel experience. Have you been to Paris? Have you traveled on your own to other cities? How comfortable are you navigating in a large city?

Carefully read our policies and registration form. This is where the language gets a little official.

Prices include: lodging, daily meetings, snacks, welcome party, metro fares for our group excursions, one dinner, writing coaching and writing instruction, three 30-minute one:one coaching sessions (before, during and after the workshop), pre-excursion group calls.

Airfare, transportation to and from the airport are not included. Also on your own are most meals, entry to museums or other attractions, souvenirs, etc. Prices are subject to change without notice, according to the fluctuations of the euro.

CANCELLATIONS & REFUNDS:

A \$1,000 per person **non-refundable deposit** is required to reserve a space in the course. Balance is due 60 days prior to the start of the retreat, **June 30th, 2020**. **For cancellations 31 days or more prior to departure, fees paid are refunded less the \$1,000 deposit.**

Cancellations made 30 days or less prior to departure will result in the loss of all monies received. Exceptions to this cancellation policy cannot be made for any

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reason, including personal emergencies. Please consider travel insurance to protect yourself against changes in your circumstances.

There is no refund for leaving a program early or arriving late. There are no refunds for any part of the program that you choose to opt out of.

We reserve the right to cancel the program prior to its start, in which case all monies will be refunded.

ITINERARY: We have the right to make partial changes to the stated itinerary. We will do our best to keep changes to a minimum.

PHOTO RELEASE: We will photograph and video group activities for use in our marketing materials. Please notify us if we are not free to use photographs or videos of you.

WAIVER & EMERGENCY INFORMATION: Please remember to include the signed waiver below.

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WAIVER: Release and Assumption of Risk

I hereby acknowledge that I have voluntarily applied (the "Applicant") to Original Impulse Inc., a Colorado entity (the "Operator") and that the Operator may occasionally rely in part upon others to provide instruction, personal tours and transportation to and from such tours. The Operator, while exercising reasonable care in selecting such premises and independent contractors, does not guarantee without limitation their suitability or performance.

I understand that no refunds will be given for any part of the retreat that the Applicant chooses to opt out of. I further herein acknowledge and agree to release, absolve, indemnify and hold harmless the Operator, its organizers, sponsors, shareholders, and employees from any injury or loss caused by or resulting from the retreat accommodations or employment of any and all independent contractors (the "Agreement"), unless such injury or loss resulted from the gross negligence of the Operator in selecting such premises or employing such party(s).

This agreement shall also serve as a release and assumption of risk from my heirs, executors, administrators, and all members of my family.

I have carefully read this Agreement, understand that I am releasing certain legal rights that I otherwise have and I enter into this Agreement freely and voluntarily. I understand the Operator, in accepting my application to attend, does so based on this representation.

IN WITNESS WHEREOF, this Release and Assumption of Risk is executed and presented to the Operator on _____, 20__.

By: _____
(Applicant)

Travel Insurance

We strongly recommend you purchase travel insurance. We do not provide travel insurance. Please check one of the boxes below to indicate what your travel insurance plans are.

Yes, I choose to purchase travel insurance. I will send you my details about my travel insurance.

No, I decline to purchase travel insurance and I am assuming any financial loss associated with my travel plans.

Original Impulse Inc.

Cynthia Morris

1633 Harrison Street, Denver, CO 80206 cynthia@originalimpulse.com

Tell us more about you

How did you find out about Write Your Heart Out?

What's your writing experience? It's okay if you are a complete beginner. Tell us about your writer self.

What writing workshops have you taken?

What attracts you to Write Your Heart Out?

If Write Your Heart Out worked its magic on you, what outcomes would be most delightful for you?

What else do you want us to know?