


REGISTRATION FORM



Contact details and personal information :

Name/ First name:

Adress :

Profession :

Tel :

Email :

Person to contact in case of emergency

To know your physical capacity to fast :

Age :

Height :

Weight :

How did you hear about GoWild ?

FFJR website

Internet

Instagram

Relationship

Other

Would you like to come and stay at GoWild ?

You just want to pay a deposit for now (then call or email Go Wild for more info and you'll pay by bank transfer / RIB on request).

Single room with bathroom :

Single room with shared bathroom :

Shared room with shared bathroom:

Have you fasted before ?

No

Yes

How many times ?

Briefly explain you goals/expectations for the week ?

Would you like to book a treatment (10 percent discount if booked in advance) ?

No

Yes

Which ?

You arrival ?

Car

Plane

Train

Would you like to be connected for carpooling ?

Cancellation policy :

Cancellation on your part :

Less than 3 weeks in advance you will receive a full refund. If it is more than 3 weeks we will agree another date.

Cancellation by GoWild :

Same principle as for you :)

Let's remain human and flexible, but remember that a commitment between two parties involves logistics and costs, and we need to communicate as best we can!

Your commitments :

If you suffer from one of the cases mentioned above, please contact us:

Advanced coronary disease/ Cachexia (extreme weight loss)/ Anorexia/ Advanced cerebral arteriosclerosis/ Type I diabetes/ Retinal detachment/ Pregnancy or breast-feeding/ Decompensated hyperthyroidism/ Liver failure/ Kidney failure / Tumor diseases / Multiple sclerosis / Ulcer of the stomach or duodenum / Addictions / Psychoses and any allopathic treatment in general.

If you want to fast, but are not sure you can do it, contact the Medical Academy of Fasting, you will have access to dozens of doctors who can guide you in your decision.

«I certify on my honor that I am in good health and that I do not suffer from any of the contraindications mentioned by GoWild and that I have been clearly informed of them. I certify that I am able to walk 10 kilometers a day.

If I am under medical treatment, I will provide a medical certificate to justify that I can fast Che GoWild.

I undertake to communicate any changes in my health clearly to the GoWild management and confirm that all the information given here is true and I release GoWild from any liability in this respect. »

Date :

Signature :