



Website: <https://renewdr.org>

RENEW THERAPISTS & HEALERS RETREAT PARTICIPATION AGREEMENT

Presented by Renew Psychotherapy Center, LLC

WELCOME

Welcome to a unique professional development and wellness retreat, set against the serene backdrop of Beach El Peñascal, Peru. This all-inclusive program is meticulously designed to support licensed clinicians, pre-licensed professionals, healers, and wellness practitioners in deepening their clinical skills, enhancing personal insight, and fostering restorative self-care.

The retreats organized by **Renew Psychotherapy Center, LLC**, provides a unique opportunity to explore the intersection of neuroscience, trauma-informed practices, and culturally responsive care for individuals, couples, families, and communities.

This retreat is designed to encourage experiential learning, strengthen peer collaboration, and promote holistic well-being. In alignment with ethical and professional guidelines, participants will engage in approved continuing education (CE) activities, integrative healing sessions, and reflective practices while honoring confidentiality, diversity, and professional boundaries.

At Renew Psychotherapy Center, LLC, we wholeheartedly embrace inclusivity. We are committed to creating a welcoming environment for individuals of all identities, including, but not limited to, diverse races, ethnicities, sexual orientations, gender identities, spiritual beliefs, body sizes, and abilities. Your participation in this program signifies your commitment to ethical conduct, respect for all attendees, and active contribution to a psychologically safe and inclusive learning environment. We are honored to walk alongside you on this meaningful journey of growth and renewal.

1. AGREEMENT OVERVIEW

This **Retreat Participation Agreement** ("Agreement") is entered into on this ____ day and year: _____, by and between:

- **Renew Psychotherapy Center, LLC**
Registered Business Address: 102 Williams Street, Crisfield, Maryland 21817, USA
- **Participant(s):**
Contact details and travel documentation will be collected during registration.

This Agreement serves as a guide, outlining the mutual responsibilities, services, and legal expectations between Renew Psychotherapy Center, LLC ("the Company") and the Participant, pertaining to participation in the retreat:

☐ Retreat: April 8–12, 2026

≡ 2. PARTICIPANT INFORMATION

Full Legal Name:

First: _____ Last: _____

Date of Birth (MM-DD-YYYY): _____

Business Information

Organization Name: _____

Organization Type (check all that apply):

☐ Independent / Private Group Practice

☐ Continuing Education Provider

☐ Trauma-Informed Therapy & Training Organization

☐ Other

Business Address: _____

City, State, Zip Code: _____

Role/Title: _____

Website: _____

Contact Details:

Email: _____

Mobile: () –

Mailing Address: _____

City: _____ State/Province: _____ ZIP: _____

Guest Information: _____

Professional Status (check all that apply):

☐ Student ☐ Intern ☐ Pre-licensed ☐ Licensed Professional ☐ Other: _____

Professional Credentials:

License Type(s): _____

License Number(s): _____

Issuing State(s)/Jurisdiction(s): _____

Other Credentials: _____

CE Accreditation Held (check all that apply):

☐ NBCC ☐ EMDRIA ☐ ASWB ☐ Other: _____

Are you requesting Continuing Education (CE) credits?

☐ Yes ☐ No

CE Accreditation Held (check all that apply):

☐ NBCC ☐ EMDRIA ☐ ASWB ☐ Other: _____

HEALTH & WELLNESS INFORMATION

The following information is requested to ensure the safety and comfort of all participants. This data will be treated as confidential and only shared with essential retreat staff on a need-to-know basis.

Medical Conditions or Physical Limitations:

- _____
- _____

Gender Identity and Sexual Orientation: _____

Do you identify as American, Hispanic, or of any specific cultural or ethnic origin or self-identified race? _____

Pregnancy Status (if applicable):

☐ Yes ☐ No Estimated Due Date: _____

Sensitivities to Fragrances or Essential Oils:

☐ Yes ☐ No

If yes, please specify: _____

Dietary Needs or Allergies:

- _____
- _____

Mobility or Accommodation Requests:

EMERGENCY CONTACT

Full Name: _____

Primary Phone: () –


Alternate Phone (optional): () –


Relationship to Participant: _____

Do any of these special rates apply to you?

We offer reduced rates for individuals who meet any of the following criteria. Please check all that apply:

- ☐ Early Bird registration
- ☐ Early general registration
- ☐ Student or intern status
- ☐ Pre-licensed professional
- ☐ Member of an underrepresented community
- ☐ Returning or lifelong retreat participant
- ☐ Other (please specify): _____

 *If you'd like, feel free to share more details here:*

We're committed to making this retreat as accessible and inclusive as possible. 


3. FEES, INCLUSIONS & ACCOMMODATIONS

Program Duration: 5 days / 4 nights

Location: Beach El Peñascal, Peru

Retreat Packages:

Room Type	Single Rate	Guest Add-On / Shared Rate
Ocean View Master Suite	\$3,500	+\$1,500
Balcony Ocean View Master Suite	\$3,000	+\$1,500
Balcony Ocean View (Shared Bath)	\$2,600	+\$1,500
Shared Room (Shared Bath)	\$2,500	+\$1,500

 **FULL RETREAT PACKAGE** — \$3,500 → Special Rate: \$2,500

Includes:

- ✓ CE Certification (eligible for continuing education credits)
- ✓ Comfortable lodging for the duration of the retreat
- ✓ Three nourishing meals per day, plus snacks
- ✓ Two personalized wellness services (e.g., massage, coaching, bodywork)

 **HALF RETREAT PACKAGE** — \$1,750 or less

Includes:

- ✓ CE Certification
- ✓ Three nourishing meals per day, plus snacks
- + *Optional add-ons available at an additional cost:*

- Personalized wellness services
- Select activities and excursions

Deposit: \$500 (non-refundable)

Payment Plans: Bi-weekly or monthly available

Final Payment Due: Two Weeks Before Your Retreat Experience!

Note: If you opt for a shared room, you understand that you may be paired with another participant unless otherwise indicated. You will communicate any roommate preferences or needs at least 30 days prior to the retreat.

What's Included:

- **Professional & Educational Offerings:**
 - 16.5 CE Credits (CAMFT, CEPA #146123)
 - 6.5 EMDRIA Credits (Program #20011-01)
 - NBCC has approved the program to award up to 16.5 NBCC credit hours. Only participants who attend the full program (or the amount specified) can receive NBCC credit.
 - 5 Consultation Hours applicable toward EMDR certification
 - Identify the evidence-based therapist or modality your client needs based on presenting concerns, preferences, and goals.
- **Wellness & Integrative Practices:**
 - Yoga, breathwork, mindfulness
 - Sound healing and integration circles
 - Equine and animal-assisted therapy
 - Traditional Peruvian healing rituals
- **Creative & Explorative Activities:**
 - Expressive writing and art processes
 - Surfing, paddleboarding, guided hikes
- **Logistics & Hospitality:**
 - Chef-prepared organic meals (3 meals daily + snacks)
 - Luxury oceanfront lodging
 - Group transportation from Lima to retreat site
 - Welcome package and celebration events

Note: We acknowledge that participation in wellness practices (e.g., sound healing, equine therapy, cultural ceremonies) is optional, and you will inform facilitators if you wish to abstain from any session.

Not Included: Airfare, personal wellness services, add-on excursions, and travel insurance.

Add-on: Excursions list will be sent in advance.

4. RETREAT DETAILS

This summit is designed to:

- Enhance clinical proficiency
- Promote emotional and somatic healing
- Foster culturally attuned global connection
- Integrate neurobiological insight with spiritual and embodied practice

5. FACILITATORS & GUIDES

Featuring internationally recognized experts in trauma healing:

- **Dr. Cio Hernández** – Bilingual Clinician, EMDR Certified and Approved Consultant.
- **Dr. Frances Klaff** – EMDR Certified Therapist, EMDRIA Approved Consultant
- **Sarita Molinar, LPC** – Psychotherapist, Art Therapist, Yoga Instructor
- **Dr. Linda Timme, DSW** – Bilingual Clinician, Advanced EMDR Trainer, EMDR Certified Therapist, EMDRIA Approved Consultant and Mental Health Advocate

6. SAMPLE DAILY SCHEDULE

Day 1: Arrival & Orientation

- 2:00 PM – Arrival in Lima
- 3:00 PM – Group Transportation to El Peñascal
- 6:00 PM – Welcome Dinner & Opening Circle

Days 2–4: Experiential Workshops & Healing Practices

- 7:30 AM – Sunrise Movement
- 9:30 AM – Educational Workshops
- 2:30 PM – Cultural or Experiential Sessions
- 6:00 PM – Integration Circle / Evening Healing

Day 5: Closing & Departure

- 9:00 AM – Final Workshop & Certificates
- 12:00 PM – Group Transfer to Lima

OPTIONAL EXTENDED EXPERIENCE

For those continuing their journey, optional excursions include:

- Sacred Valley and Machu Picchu exploration
- Optional: Rainbow Mountains, Lake Titicaca, Amazon Rainforest, Arequipa

CANCELLATION & REFUND POLICY

Participant-Initiated Cancellations:

- To secure my spot, I agree to submit a \$500 non-refundable deposit, which will be applied toward the total retreat cost. I acknowledge that Renew Psychotherapy Center, LLC does not issue refunds for cancellations once any payment beyond the deposit has been made. However, if I cancel my reservation 150 days or more prior to the retreat start date, I am eligible to receive a full refund of all payments made, excluding the non-refundable deposit. The deposit will only be refunded if the retreat is canceled by Renew Psychotherapy Center, LLC.

Cancellation by the Organizers:

In the event of cancellation due to unforeseen circumstances, Renew Psychotherapy Center, LLC will issue a full refund to all registered participants.

To cancel: Email: admin@renewdr.org Refunds are processed in 14 business days.

PARTICIPANT AGREEMENT: LIABILITY WAIVER, RISK ACKNOWLEDGMENT & TERMS AND CONDITIONS

Renew Psychotherapy Center, LLC – Therapist Retreat in Peru

This Agreement is entered into by the undersigned participant ("Participant") in favor of **Renew Psychotherapy Center, LLC**, a Limited Liability Company registered in the State of Maryland, USA, and its affiliates, owners, officers, directors, employees, contractors, agents, facilitators, successors, and assigns (collectively, the "Releasees"). It outlines the terms governing participation in the *Therapists and Healers Retreat in Peru*.

Highlighted Refinements Section by Section

1. Voluntary Participation

I acknowledge that my participation in the Therapist Retreat ("Retreat") is fully voluntary. This includes all scheduled and optional activities, such as workshops, wellness sessions, movement practices, experiential work, group discussions, off-site excursions, and associated travel ("Activities").

2. Assumption of Risk

I understand that participation may involve inherent risks, including physical injury, illness (including COVID-19), psychological distress, or property loss. I affirm that I am physically and emotionally capable of participating and have consulted a healthcare provider if needed.

3. Release of Liability

I voluntarily release and discharge Renew Psychotherapy Center, LLC, and all Releasees from any claims arising from negligence related to my participation in the Retreat and Activities.

4. Indemnification

I agree to indemnify and hold harmless Renew Psychotherapy Center, LLC, and Releasees from any liability, including legal fees, resulting from my conduct or violation of this Agreement.

5. Emergency Medical Care

If needed, I authorize emergency medical care and assume responsibility for all associated costs. I understand that Renew Psychotherapy Center, LLC is not liable for the outcome of any treatment or intervention.

6. Behavior and Dismissal

I agree to conduct myself respectfully and responsibly. I understand that any disruptive, unsafe, or inappropriate behavior may result in immediate dismissal without a refund and that I am responsible for any additional expenses.

7. Force Majeure

Renew Psychotherapy Center, LLC reserves the right to cancel, reschedule, or relocate the retreat in natural disasters, pandemics, or other circumstances beyond the organizers' control. While refunds are not guaranteed, alternative arrangements will be made in good faith. Renew Psychotherapy Center, LLC reserves the right to cancel, reschedule, or relocate the retreat in natural disasters, pandemics, or other circumstances beyond the organizers' control. While refunds are not guaranteed, alternative arrangements will be made in good faith.

8. CE & Certification Disclaimer

Continuing education (CE) credits and consultation hours may be available. I understand my responsibility is to verify eligibility with my licensing board or professional body.

9. Currency & Payment Responsibility

I am responsible for all fees related to international banking, transfers, and currency conversion associated with retreat payments.

10. Accessibility

While efforts will be made to accommodate accessibility needs, full ADA compliance may not be possible at international venues. I agree to communicate any accommodations required at least 30 days in advance.

11. Risky Activities Disclaimer

Optional activities like surfing, horseback riding, or similar excursions involve inherent risks. My participation in such activities is voluntary, and I accept full responsibility.

12. Travel & Arrival Information

- **Arrival Airport:** Jorge Chávez International Airport (LIM), Lima, Peru
- **Arrival Deadline:** 2:00 PM
- **Group Transfer Departure:** 3:00 PM
- **Travel Support:** A bilingual, Peru-based coordinator will assist with logistics.

13. Medical & Travel Insurance

I agree to obtain international medical and travel insurance that includes trip cancellation, emergency evacuation, and COVID-19 coverage.

14. Health & Wellness Disclosure

I agree to disclose any health conditions, allergies, medications, or emotional needs no later than 30 days before the retreat.

15. Media Release

Unless I opt out in writing, I grant permission for my image, voice, or likeness to be used in photos, videos, and promotional or educational materials.

16. Code of Conduct

I agree to:

- Respect boundaries and confidentiality
 - Avoid discriminatory or disruptive behavior
 - Refrain from judgment, comparison, or shame-based interactions
- Violations may result in immediate dismissal without a refund.

17. Schedule Changes

The itinerary is subject to change due to weather, local conditions, or facilitator availability. Refunds will not be issued for changes.

18. Dispute Resolution

Disputes shall first be resolved through mediation or arbitration. Legal jurisdiction shall be in Maryland, USA, unless otherwise governed by applicable international law.

19. Post-Retreat Continuing Education

As a participant, I will receive:

- Access to a private post-retreat integration group
- Discounts on future retreats and consultations

20. Participant Commitment

By signing this agreement, I commit to:

- Showing up with presence, curiosity, and respect
- Honoring the sacredness of shared group space
- Supporting emotional safety and honoring diverse perspectives

21. Intellectual Property & Competition Clause

All retreat content and materials are proprietary. I agree not to:

- Reproduce, share, or distribute content without written permission
 - Repurpose materials to create competing events
- Violations may result in access revocation, legal action, and forfeiture of any paid fees.

22. Bonus Perks

Participants will receive:

- A curated Welcome Gift Box
- Access to post-retreat consultation groups
- Lifetime discounts on select future offerings
- Opportunities to contribute to global wellness initiatives

23. Emergency Procedures

Retreat facilitators and local staff will coordinate emergency support. Medical services are accessible in San Bartolo and Asia, Peru. Detailed safety protocols and contacts will be shared upon arrival.

24. Packing Suggestions

Recommended items include:

- Layers for varying temperatures
- Comfortable walking shoes
- Swimwear, reef-safe sunscreen, natural insect repellent
- Refillable water bottles, journals, and meaningful personal items

25. Passport & Visa Requirements

A valid passport is required. U.S. citizens may stay in Peru for up to 90 days without a visa. Participants are responsible for complying with current Peruvian entry and exit requirements.

26. Dietary Needs & Accessibility

Dietary accommodations (e.g., vegetarian, gluten-free) will be made with advance notice (minimum 30 days). Accessibility support will be provided within site limitations.

27. Group Size & Intention

To maintain an intimate and supportive environment, group size is intentionally limited. You are invited to:

- Be present, not perfect
- Trust the process
- Respect your own and others' experiences

28. Informed Consent for Therapeutic Modalities

"I understand that this retreat is not a substitute for psychotherapy or medical treatment. While facilitated by licensed professionals, the retreat is intended for professional development and wellness—not individual therapy"

29. Code of Ethics & Professional Responsibility

"As a licensed/pre-licensed professional, I agree to uphold ethical standards as outlined by my regulatory body throughout the retreat, including maintaining confidentiality and professional decorum."

30. Grievance Procedure (CE Requirement)

"Participants with concerns about the educational content or delivery may submit a written grievance to admin@renewdr.org. All concerns will be reviewed and responded to within 14 business days."

31. Conflict of Interest / Dual Role Disclaimer

Facilitators will disclose any known or potential dual relationships or conflicts of interest. Should future professional engagement arise, such relationships will be discussed transparently and ethically following the conclusion of the retreat.

32. Governing Law & Severability

This Agreement shall be governed by the laws of the State of Maryland and, when applicable, the laws of Peru. If any portion of this Agreement is deemed invalid or unenforceable, all remaining provisions shall continue in full force and effect.

Photography/Video Consent Form – Full Consent

I hereby authorize **Renew Psychotherapy Center, LLC**, its representatives, and authorized media personnel to take photographs and/or video/audio recordings of me during this event.

I understand and agree that:

1. **Use of Images:**

The photographs/videos may be used in any format for:

- Educational and training purposes
- Public-facing marketing materials
- Social media and website content
- Digital or print newsletters
- Professional presentations and publications

2. **Voluntary Consent:**

My participation is voluntary. Declining to be photographed or recorded will not affect my participation in the event or access to services.

3. **Privacy and Confidentiality:**

No identifying clinical or personal information will be disclosed without my additional written consent.

Efforts will be made to use group shots or non-identifying visuals when possible.

4. **Revocation of Consent:**

I may withdraw my consent at any time by submitting a written request to:

Email: admin@renewdr.org

The revocation applies only to future usage and cannot undo published material.

5. **No Compensation:**

I waive any right to royalties or other compensation for the use of these materials.

Legal Acknowledgment

By signing below, I affirm that I am 18 years or older, legally competent, and have read, understood, and voluntarily agree to the terms of this Agreement. I acknowledge that I waive certain legal rights, including the right to pursue legal action.

FINAL ACKNOWLEDGMENT & SIGNATURE

By signing below, I affirm that:

- I have read and understood the full contents of this Retreat Participation Agreement.
- I voluntarily agree to all terms, conditions, and responsibilities outlined herein.
- I acknowledge the policies on liability, cancellation, travel, professional conduct, and participation.
- I commit to engaging with this retreat in a respectful, ethical, and wholehearted manner.
- I understand that my registration is not considered complete until payment has been confirmed by a representative of Renew Psychotherapy Center, LLC. To secure my spot, I agree to submit a \$500 non-refundable deposit, which will be applied toward the total retreat cost. I acknowledge that Renew Psychotherapy Center, LLC does not issue refunds for cancellations once any payment beyond the deposit has been made. However, if I cancel my reservation 150 days or more prior to the retreat start date, I am eligible to receive a full refund of all payments made, excluding the non-refundable deposit. The deposit will only be refunded if the retreat is canceled by Renew Psychotherapy Center, LLC.
- In the event of unforeseen or extraordinary circumstances—such as natural disasters, serious illness, or other emergencies—a full refund may be issued at the discretion of the organizers. I understand that purchasing comprehensive travel insurance is strongly recommended to protect against potential trip cancellations, interruptions, or medical emergencies. Should I fail to attend the retreat, cancel without sufficient notice, or withdraw after the retreat has begun, I accept full financial responsibility for the total cost of the retreat.

I understand that this signed agreement is a legally binding contract between myself and Renew Psychotherapy Center, LLC. I further agree to sign a hard copy of this agreement upon arrival at the retreat site in Peru.

Additional Information (optional):

Participant Name (Print): _____
Signature: _____
Date: _____

For questions or concerns, please contact:

Email: admin@renewdr.org

Phone: +1 (717) 743-0765

Thank you for being part of this journey.

— *The Renew Psychotherapy Center Team!*