

# *SHIFT WITH ME: 2025 TUSCAN RETREAT*

*August 4<sup>th</sup>, 2025, through August 9<sup>th</sup>, 2025*

[Fattoria Di Petroio](#)

*Via dell'Argomenna, 51*

*50065, Pontassieve, Florence, Italy*

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***Cheryl Worzala, LCSW***

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*Nashville, TN 37209*

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[cherylworzala.com](http://cherylworzala.com)

***Preferred Payment Method - Venmo: @Cheryl-Worzala***

***(201) 417-2748***

*WELCOME TO YOUR TRANSFORMATIONAL TUSCAN RETREAT*

## **Registration Form**

Register on [website](#) and pay via the Venmo above, or mail checks and registration to the Nashville address. Registration is not complete until your full payment has been received and your signed form (scanned or original) received.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (preferred): \_\_\_\_\_

Phone (secondary): \_\_\_\_\_

Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_

**Arrival itinerary:** dates, \_\_\_\_\_  
times, airlines, connecting \_\_\_\_\_  
cities, and flight numbers \_\_\_\_\_  
to Florence: \_\_\_\_\_

**Departure itinerary:** dates, \_\_\_\_\_  
times, airlines, connecting \_\_\_\_\_  
cities, and flight numbers \_\_\_\_\_  
from Florence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other notes – special \_\_\_\_\_  
needs – allergies - dietary \_\_\_\_\_  
restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: No refunds will be issued; in the event of unforeseen circumstances your registration fee can be applied to a subsequent Retreat. Your registration is not complete until your payment has been received.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Set Your Intentions

This Retreat is about creating a space for your personal transformation. Past Retreats have helped people manifest love or money, exponentially broaden their relationships, expand their life possibilities, and actualize the impossible. Please take a few moments to reflect on and share what your intentions are for this experience.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## ***EMERGENCY CONTACTS***

***Attendee Name:*** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact #1**

Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact #2**

Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact #3**

Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# *Transformational Tuscan Retreat*

## Waiver of Liability (print and sign)

**Attendee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Over 21?**      **Y**   /   **N**      (circle or check one)

I, the above named and undersigned, declare that I am at least twenty-one (21) years of age, and execute this waiver of liability with full understanding of its meaning and legal consequences. I hereby expressly release Cheryl Worzala, LCSW, and The Estate of Petroio, its owners, officers, agents, and employees (hereinafter referred to collectively as "Releasees") from all claims arising from the use of facilities and equipment and participation in activities at the Retreat in Florence, Italy.

I assume any and all risks of all personal injury, including death, property loss, or other damage suffered by me, except that caused willfully and intentionally. I release and hold harmless the Releasees from any and all claims and causes of action that I have ever had, now have, or may claim in the future to have, known or unknown, or that any person claiming through me may have or claim to have against the Releasees created by or arising from my stay on the property of The Estate of Petroio, Florence, Italy.

I further agree to respect the person and property of others, and to abide by the rule of the Retreat. I understand that violation of those rules may lead to my expulsion from the event and facility without refund. I agree to be responsible for any injury or damage I may cause to The Estate of Petroio and/or others in attendance and/or their property.

I understand that the owners of Retreat would like to review the wording of any written material publicizing Retreat before its publication. This brief review process could be easily handled by phone. DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE WAIVER OF LIABILITY AND UNDERSTAND IT.

I have read the above waiver of liability, understand its meaning, and agree to its conditions.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_