

## **Health Declaration for Participation in the Fasting Retreat**

### **1. Personal Responsibility**

I am aware that this fasting retreat is only suitable for healthy, physically and mentally stable adults. I am taking part in the fasting program voluntarily and at my own responsibility. I understand that fasting can involve both physical and psychological challenges.

### **2. No Medical Treatment**

I confirm that this retreat does not replace medical or therapeutic care, diagnosis, or treatment. The organizers provide non-medical support only.

### **3. Medical Clearance**

Before registering, I consulted with a medical doctor and confirmed that fasting is suitable for me. I have informed my doctor about all medications I am taking and have arranged any necessary medication adjustments directly with them. I take full responsibility for ensuring that my health condition allows me to participate.

### **4. Emergency Readiness**

I agree that, in the unlikely event of a medical emergency, I will seek medical help myself or, in an acute situation, that the team may, based on its reasonable assessment of the situation, call a doctor or emergency services on my behalf. Any resulting costs are generally to be borne by me or my health insurance.

*Steinweiden GmbH · Version 1.1 · 16 April 2026*