

INSIGHT MEDITATION CENTER

HIDDEN VILLA RETREAT APPLICATION

October 17 to October 24, 2010

For questions, contact Tracy Ross
tracyann524@gmail.com (preferred way to contact)
Or phone her at 650-200-3436

This retreat is offered entirely on a *dana* or freely given basis. The teachers and cook will be serving without compensation, and the operational costs of the retreat (mostly for facility rental and food) will be paid from the IMC Retreat Fund. At the end of the retreat, participants may offer whatever *dana* or donation they wish to the teachers, the cook, and the IMC Retreat Fund.

To reserve a place at the retreat, please send in your completed **(a) Application, (b) Participation Agreement and Liability Release**, and **(c) a \$200 deposit payable to IMC** as soon as possible. Send to:

Tracy Ross
1817 Cottage Grove Ave., San Mateo, CA 94401.

Please complete the retreat questionnaire and bring it with you to the retreat, do not send it to the registrar.

Your \$200 deposit will be refunded to you if (a) you cancel your reservation by September 26, 2010 or (b) you attend the retreat. Your deposit will be forfeited if you do not cancel by September 26, 2010 and then do not attend the retreat. Forfeited deposits will go to the IMC Retreat Fund.

As noted above, the operational costs of this retreat will be paid from the IMC Retreat Fund. If you would like to make a contribution to the Retreat Fund at this time, to extend this retreat opportunity to others in the future, please make a separate check out to IMC (with "Retreat Fund" in the memo space) and send it with your completed Application.

This retreat will be conducted in silence with a full daily schedule of sitting and walking meditation practice. The teachers will be giving instruction, Dharma talks, and interviews. Registration will occur from 3:00 to 5:30 p.m. on Sunday, October 17 and the retreat will end around 1:30 p.m. on Sunday, October 24.

Insight Meditation Center
Retreat Application
HIDDEN VILLA RETREAT
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Name _____ Gender: M _____ F _____

Address _____ City _____

State _____ Zip _____

Phone (eve) _____ (day) _____ (cell) _____

Email _____ Birth Date _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Do you plan to camp? _____

Dietary Needs and Medical Restrictions:

Please circle your dietary restrictions: *no dairy no wheat no eggs other:* _____

Please describe any special medical needs or mobility limitations: _____

Do you snore? Please circle YES or NO

Insight Meditation Center

108 Birch Street, Redwood City, CA 94062

PARTICIPATION AGREEMENT AND LIABILITY RELEASE

I voluntarily agree to participate in the following Insight Meditation Center (IMC) activity:

A meditation retreat at [Hidden Villa Hostel, from October 17 to October 24, 2010.](#)

Assumption of Risk. I fully realize that this activity may involve strenuous physical activities including, but not limited to, meditation, yoga, hiking and other movement activities, and work (e.g., in the kitchen). I am also aware that such activities as silent, intensive meditation may involve intense and/or unusual psychological, spiritual and emotional states of mind. I am voluntarily participating in these activities with full knowledge of all of the risks involved and agree to accept any risk that arises as a result of my participation.

Release of Liability. In consideration for IMC allowing me to participate in these activities at facilities owned, rented, or otherwise procured by IMC, I agree that neither I nor anyone acting on behalf of me, my heirs and/or assignees will seek any claims including, but not limited to, lawsuits or attachment of IMC property, for injury or damage resulting from negligence or other acts by anyone working directly or indirectly for IMC, except for gross or willful negligence. I release IMC from all actions that I and/or anyone acting on behalf of me and/or my heirs or assignees may have for injuries or damages I incur from my participation in these activities.

Knowing and Voluntary Execution. I have carefully read this agreement and fully understand its contents. I sign it of my own free will, knowingly accepting my assumption of risk and the release of liability.

Signature

Printed Name

Date

(revised 2/07)

Insight Meditation Center Retreat Questionnaire
Fill out this two page form, and bring it with you to the retreat.
Please do not send it to the registrar

Name _____ Gender: M _____ F _____

Occupation: _____ Birth Date _____

Meditation Retreat Experience (This retreat is appropriate for beginning and experienced meditators.)

Please list your most recent *vipassana* retreat experiences (teacher, location, length, and approximate dates) _____

Please list other retreat experiences you have had _____

What is your current daily or weekly spiritual practice? _____

Personal Retreat Intention: What is your intention in coming to this retreat? (use separate sheets if necessary) _____

Intensive retreat can be physically and psychologically challenging. To support retreatants on those rare occasions when difficulties do arise, having information regarding the following questions will help the teachers respond more effectively to the situation.

Do you have any condition or history of physical illness or physical limitations that may interfere with or might be aggravated by sitting and walking meditation? _____

Have you ever been treated for a psychological condition? If so, specify condition(s) and date(s) _____

Are you currently taking medication for and physical or psychological condition? If so, specify the condition, and list the medications and dosage. _____

Is there anything else you would like the teachers to know before you come to this retreat? _____

Additional Comments: _____

If you are attending the retreat with your partner, family member or close friend, please indicate their name: _____ (for interview group allocation purposes)