

INSIGHT MEDITATION CENTER
MEMORIAL DAY FAMILY RETREAT APPLICATION
May 28 to May 30, 2011

For questions, contact Liz Powell

eapowell@aol.com (preferred way to contact; put "IMC Family Retreat" as email subject)
Or phone her at (408) 554-1356

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.

Participation will be by lottery. This is a non-traditional lottery. We make efforts to balance the number of children in each age group, parents with long-standing practice and those new to meditation and diversity represented at the retreat. The lottery selection process will reflect these variables.

To enroll in the lottery, please send in your completed **(a) Application, (b) Retreat Questionnaire, (c) Participation Agreement and Liability Release**, and **(d) a \$200 deposit payable to Insight Meditation Center** as soon as possible.

Send to: Liz Powell; P.O. Box 111661; Campbell, CA 95011-1661

Your \$200 deposit will be refunded to you if (a) your name is not drawn in the lottery, (b) you cancel your reservation by April 28, 2011, or (c) you attend the retreat. Your deposit will be forfeited if you do not cancel by April 28, 2011 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 emphasize practice together as a family. We'll alternate structured retreat and meditation practice with informal, relaxed practice while hiking and participating in sharing circles. Families will be expected to help create the retreat together, participating in meal preparation, simple work projects, and sharing. The teachers will be leading family practice and offering family-oriented Dharma talks during the retreat.

The retreat will begin with a vegetarian potluck lunch on Saturday, May 28th at 12:00 noon, with each family bringing a dish to feed 6-8 people. Registration will occur immediately after lunch.

he retreat will end around 1:00pm. on Monday, May 30th.

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Include name, birth date, and gender of each adult and child attending:

1. _____
Parent/ Guardian Name Gender: M F Birth Date

2. _____
Parent/ Guardian Name Gender: M F Birth Date

3. _____
Child Name Gender: M F Birth Date

4. _____
Child Name Gender: M F Birth Date

Address: Street

City State Zip Email

Phone (eve) (day) (cell)

Emergency Contact: Name Phone Relationship

Does your family plan to camp? _____

Please note that accommodations at Jikoji are rustic, and the primary alternative to camping is sharing dormitory-style rooms with other families.

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Dietary Needs and Medical Restrictions:

Please circle dietary restrictions and print number of attending family members to whom it applies: *no dairy*: ____ *no wheat*: ____ *no eggs*: ____
other (please describe): _____

Please describe any special medical needs or mobility limitations and print the name of the family member to whom it applies:

Please list each family member's name who ***are*** physically able to use an upper bunk bed:

Do any attending family members snore?

Please circle YES or NO and, if "yes," write their name(s):

Does your family wish to bring music, art activities, and/or stories of dharma in daily family life to share at the retreat? If so, please give a brief description of each thing you'd like to share and about how many minutes you would need to share it—this will help us plan the sharing circle times. (Continue on back of page as needed.)

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PARTICIPATION AGREEMENT AND LIABILITY RELEASE

I and my family voluntarily agree to participate in the following Insight Meditation Center (IMC) activity: Family Meditation Retreat at [Jikoji Retreat Center, from May 28 to May 30, 2011](#).

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 and my children are voluntarily participating in these activities with my full knowledge of all of the risks involved and I agree to accept any risk that arises as a result of our 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.

Print Parent/ Guardian Full Name

Signature

Print Parent/ Guardian Full Name

Signature

Print Child's Full Name

Print Child's Full Name

Date

(revised 12/10)

Insight Meditation Center Retreat Questionnaire
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Fill out this two page form, and send it to the registrar with your application.

1. _____
Parent/ Guardian Name Gender: M F Occupation Birth Date
2. _____
Parent/ Guardian Name Gender: M F Occupation Birth Date
3. _____
Child Name Gender: M F Birth Date
4. _____
Child Name Gender: M F Birth Date

Meditation Retreat Experience (This retreat is appropriate for beginning and experienced meditators.) Please list the **adult applicants'** most recent *vipassana* retreat experiences (teacher, location, length, and approximate dates)

Please list other retreat experiences **each family member** has had (with their name):

Please list any mindfulness/ meditation instruction **each child** has had (with their name)::

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Please list the current daily or weekly spiritual practice of **each adult** applicant:

IMC is committed to inclusion of families of all backgrounds and configurations. Please share any ways in which your family exemplifies diversity, if you wish:

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

Family retreats can be physically and psychologically challenging. To support family 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.

Does any family member 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 any family members ever been treated for psychological conditions? If so, specify condition(s) and date(s) by family member name:

Are any family members currently taking medication for any physical or psychological condition? If so, specify the condition, and list the medications and dosage by family member.

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

Please write Additional Comments on the back