

INSIGHT MEDITATION CENTER  
HIDDEN VILLA RETREAT APPLICATION  
Sun. September 19 - Sun. October 3, 2010 with Gil Fronsdal

**Prerequisite: This retreat is for practitioners with previous Vipassana residential retreat experience and who have checked in with Gil Fronsdal about participation.**

This retreat is offered on a *dana* or freely given basis. The teacher and cook will be serving without compensation, and the operational costs of the retreat (mostly for food and facility rental) 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 teacher, the cook, and the IMC retreat fund.

To reserve a place at the retreat, please send your completed (a) Application, (b) Participant Agreement and Liability Release, and (c) a \$350 deposit payable to IMC to: **Laura Crabb, 160 Saratoga Ave., #210, Santa Clara, CA 95051.**

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

Your full \$350 deposit will be refunded to you at the retreat, or if you cancel your reservation by August 7, 2010. Your deposit will be forfeited if you do not cancel by August 7 and then do not attend the retreat. Forfeited deposits will go to the IMC Retreat Fund.

As noted above, the operational expenses of this retreat have been funded by the IMC Retreat Fund. If you would like to make a contribution to the Retreat Fund at this time—to extend the retreat opportunity to others in the future—please make out a separate check payable to IMC (with "Retreat Fund" in the memo space) and send it to IMC Retreat Fund, 108 Birch Street, Redwood City, CA 94062.

The retreat will be conducted in silence with a full daily schedule of sitting and walking meditation practice. Also, Gil will provide instruction, Dharma talks, and interviews. Registration will be from 3:00 to 6:00 p.m. on Sunday, September 19, and the retreat will end in the early afternoon on Sunday, October 3<sup>rd</sup>, 2010.

# Insight Meditation Center

## Retreat Application

Sun. September 19 - Sun. October 3, 2010, with Gil Fronsdal

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 September 19 to October 3, 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) \_\_\_\_\_

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Please list other retreat experiences you have had \_\_\_\_\_

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What is your current daily or weekly spiritual practice? \_\_\_\_\_

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

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*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? \_\_\_\_\_

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

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

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

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Additional Comments: \_\_\_\_\_

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