**Insight Meditation Center Retreat Application**

**MEMORIAL DAY FAMILY RETREAT AT JIKOJI**

**May 27 to May 29, 2017**

**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 Zen Retreat Center, from May 27 to May 29, 2017.

**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 aware that there are potential hazards present in the setting of this retreat (including a lake, uneven ground, stairs, poison oak, ticks, and rattlesnakes) and that children must be accompanied by an adult who will take full responsibility for their safety at all times. 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/ Adult Full Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/ Guardian Full Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Print Child’s Full Name Print Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**TO COMPLETE YOUR APPLICATION, mail this completed Waiver and your $250 deposit to: Family Retreat c/o Liz Powell; 3567 Sunnydale Court; San Jose, CA 95117**