**INSIGHT MEDITATION CENTER**

**MEMORIAL DAY FAMILY RETREAT APPLICATION**

**May 28 to May 30, 2016**

**If you have questions, contact Liz Powell, eapowell@aol.com** (email is best way to contact) **o**r (408) 554-1356

**Si tiene alguna pregunta, por favor póngase en contacto con Bruni Dávila en** **brunidp@gmail.com** **o** (510) 759-3169

This meditation 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 donation they wish to the teachers and 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 **$100 deposit payable to Insight Meditation Center** as soon as possible. *Deposit may be waived with permission of retreat leaders in case of financial hardship.*

**Send to: Liz Powell; 3567 Sunnydale Court; San Jose, CA 95117**

Your $100 deposit will be refunded to you if (a) your name is not drawn in the lottery, (b) you cancel your reservation by April 28, 2016, or (c) you attend the retreat. Your deposit will be forfeited if you do not cancel by April 28, 2016 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 mindfulness 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 cleanup, 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. If you wish, bring a simple dish to feed 6-8 people.** Registration will occur immediately after lunch. The retreat will end around 12:00pm. on Monday, May 30th.

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*List name, gender, age, meditation experience & language (Spanish, English, or Bilingual) of each person attending:*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name Gender Age Meditate before? Language

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name Gender Age Meditate before? Language

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name Gender Age Meditate before? Language

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name Gender Age Meditate before? Language

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**Address:** Street

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City State Zip Email

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Phone (eve) (day) (cell)

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

**Emergency Contact:** Name Phone Relationship

**Does your family plan to: Camp? \_\_\_\_\_\_\_\_\_** or **Dorm/ floor?** \_\_\_\_\_\_\_\_\_\_

Please note that accommodations are rustic; the primary alternative to camping is sharing dormitory-style rooms or indoor sleeping in the meditation hall. *Application* c*ontinues next page*

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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):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

**Check one:** \_\_\_\_ Need a ride *or*  \_\_\_\_\_ Can offer a ride (to \_\_\_ people)

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):

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 that you want the retreat leaders to know before you come to the retreat?

*Please write Additional Comments on the back or on an additional sheet of paper*

*Application* c*ontinues next page*

**Insight Meditation Center 108 Birch Street Redwood City, CA 94062**

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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 Zen Retreat Center, from May 28 to May 30, 2016.

**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/ Adult Full Name Signature

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

Print Parent/ Guardian Full Name Signature

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

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

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Date (revised 1/16)