**INSIGHT MEDITATION CENTER**

**APPLICATION for MEMORIAL WEEKEND FAMILY RETREAT**

***For K- 5th graders and parents/ guardians***

**May 23 to 25th, 2020**

**If you have questions, contact Ying Chen, yingchenb@yahoo.com** (email is best way to contact) **o**r (408) 802-6430

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) Participation Agreement and Liability Release**, and **(c)** a **$250 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: Ying Chen; Insight Meditation Center, 108 Birch Street, Redwood City, CA 94062.** Application status will be announced by early April, 2020.

Your $250 deposit will be refunded to you if (a) your name is not drawn in the lottery, (b) you cancel your reservation by April 15th, 2020, or (c) you attend the retreat. Your deposit will be forfeited if you do not cancel by April 15th, 2020 and then do not attend the retreat. Forfeited deposits will go to the IMC Family Retreat Fund.

As noted above, the operational costs of this retreat will be paid from the IMC Family Retreat Fund. If you would like to make a contribution to the Family Retreat Fund at this time, to extend this retreat opportunity to others in the future, please make a separate check out to IMC (with “Family 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 23rd 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 at 12:00 noon. on Monday, May 25th.

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**Insight Meditation Center Retreat Application**

**MEMORIAL WEEKEND FAMILY RETREAT AT JIKOJI**

**May 23rd to 25th, 2020**

*List name, gender, age, and meditation experience of each person attending:*

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

Parent/ Guardian Name Gender Age Meditation Experience?

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

Parent/ Guardian Name Gender Age Meditation Experience?

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

Child Name Gender Age Meditation Experience?

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

Child Name Gender Age Meditation Experience?

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**Address:** Street

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City State Zip Email

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Phone (eve) (day) (cell)

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**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. Dorm space is limited, but there is also indoor sleeping space on the floor of the meditation hall. *Application* c*ontinues next page*

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**May 23rd to 25th, 2020**

**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):

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.

**Can you offer a ride to another family?**

Please circle YES or NO and, if “yes,” write how many people your car may fit in:

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*

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**Insight Meditation Center Retreat Application**

**MEMORIAL WEEKEND FAMILY RETREAT AT JIKOJI**

**May 23rd to 25th, 2020**

**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 23 to 25th, 2020.

**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.

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Print Parent/ Guardian/ Adult Full Name Signature

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Print Parent/ Guardian Full Name Signature

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

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

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Date (revised 01/2020)

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