

Retreat Registration
Awakening with Insight: Strengthening Clarity and Wisdom
A Residential Retreat with Shaila Catherine
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Cost: \$480 – Fee covers accommodations, food, and cook services.
Cancellation: Non-refundable deposit of \$200
Location: Orchard Lodge at Quaker Center, 1000 Hubbard Gulch Rd., Ben Lomond, CA 95005
Dates/Times: May 20-May 23, 2010. The retreat begins at 4:00 p.m. and ends at 3:00 p.m.
Contact: Janet Taylor, (408) 761-9659, retreats@imsb.org

To register:

1. Please send:

- **This Registration Form**
- **\$200 deposit (payable to Bodhi Retreats)**
- **The Waiver of Liability Form**

to the registrar:

Janet Taylor
4230 Gladys Ave
Santa Cruz, CA 95062

2. Remit the balance of the retreat fees by May 1, 2010.

Registration Form

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Day: _____ Evening: _____

Occupation: _____ Age _____

How did you learn about this retreat? _____

Emergency Contact: Name: _____ Phone: _____

Relationship to emergency contact: _____

Accommodations

Note: Participants will need to bring their own bedding (including sheets and blankets or sleeping bags), towels, and toiletries. There are a few places to pitch tents. If you wish to camp you must provide your own camping equipment and inform the contact person.

Are you? Male _____ Female _____

Do you snore? _____

Roommate preference (name) _____

Rooms at Quaker Center are doubles. If requesting a particular roommate, please check that both parties request each other.

Single rooms: Some single-occupancy rooms may be available for an additional charge of \$120.

Do you wish to request a single room?

No _____

Yes _____ To request a single room, please send a separate check for \$120 (made out to Bodhi Retreats) to the registrar. This check will be cashed shortly before the retreat if we are able to offer you a single room.

Please indicate if you have a medical need that requires private accommodations: _____

Medical dietary restrictions:

Omnivor (includes chicken/fish) _____

Vegetarian _____

Vegan _____

Plain Food _____

Meals will be provided based on the four categories above and plain food will be provided for individuals with multiple dietary restrictions. Please check the appropriate box above. If there are certain ingredients that you can not eat under any condition for medical reasons, please explain below.

Please explain: _____

Do you have any medical needs or mobility limitations? Please give any other information that will assist in room assignment (*ability to walk up the hill that is between the housing/dining complex and the meditation hall is required*):

Carpooling: Would you be willing to offer a ride to someone from your area? Yes _____

If yes, can they contact you directly? No: ___ Yes___

Phone and/or email: _____

If you need a ride, contact Janet: (408) 761-9659, retreats@imsb.org

Dana

Registration fees cover food, accommodation, and basic administration expenses. There will be an opportunity to offer donations/dana at the end of the retreat to support the teacher.

Scholarship

Would you be willing to help those who need financial assistance to attend the retreat? Yes _____

Amount enclosed \$ _____

Tax-deductible donations to the scholarship fund may be made payable to "IMSB" or to "Insight Meditation South Bay". Please send your donation to the registrar and write "B-R scholarship" on the memo line.

Experience: Is this your first residential retreat? Yes _____ No _____

1. Please list the dates of previous retreats you have attended that were taught by Shaila Catherine.

2. Please describe your experience with other meditation retreats (i.e., approximately how many retreats have you attended, what is your longest retreat, and in what traditions?).

3. Please describe any other practices or retreats that have a significant impact on your meditation practice.

4. Please describe any mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation.

5. Please describe any psychological conditions that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness etc.).

6. This will be a silent retreat environment. Contact with the outside world is minimal. Retreatants need to be at ease with both silence and solitude. Noble Silence is required. Participants are asked to remain on the property during the course of the retreat. Would this environment be problematic for you? _____ If yes, please explain.

7. Is there anything else you would like the teacher to know that might help her guide your practice during this retreat?

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I understand that attendance is at the discretion of the teacher, and I agree to depart if requested by the teacher.

Signed _____ **Date** _____

Print Name _____

WAIVER OF LIABILITY

Please return to the registrar with the reservation form

VOLUNTARY PARTICIPATION

1. I acknowledge that I have voluntarily applied to participate in the meditation retreat sponsored by Bodhi-Retreats and/or Insight Meditation South Bay for the dates 5/20-23/2010.

ASSUMPTION OF RISK

2. I am aware that participating in this event may involve strenuous physical activities such a work meditation, yoga, or movement classes, as well as risks associated with hiking, including contact with poison oak and wildlife. I am also aware that this is a silent, intensive meditation retreat and that participants in such retreats may experience intense and unusual psychological, spiritual, and/or physical states of mind and body arising from the meditation and associated retreat activities. I am voluntarily participating in these activities with full knowledge of the risks involved, and hereby agree to accept any and all risks of harm that may result from these activities.

RELEASE

3. As consideration for being permitted by Bodhi-Retreats and/or Insight Meditation South Bay, or one of its affiliates to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Bodhi-Retreats, Insight Meditation South Bay, its affiliates, employees, agents or volunteers or any of its affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee, agent, or contractor of these organizations, or any of their affiliated organizations, as a result of my participation in this event, except when an employee, agent, or contractor of Bodhi-Retreats or Insight Meditation South Bay or any of its affiliated organizations exhibits gross negligence, or intentionally acts in a manner likely to lead to my being harmed. I hereby release Bodhi-Retreats and Insight Meditation South Bay, and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event, except when an employee, agent, or contractor of Bodhi-Retreats and Insight Meditation South Bay, or any of its affiliated organizations exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

KNOWING AND VOLUNTARY EXECUTION

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Bodhi-Retreats and/or Insight Meditation South Bay, and/or its affiliated organizations, and sign it of my own free will.

Signed _____

Date _____

Printed Name _____