

Retreat Registration

Concentration, Jhana, and Insight Meditation

Taught by *Shaila Catherine*

Co-sponsored by Bodhi Retreats and Insight Meditation South Bay

www.imsb.org

Cost: **Full retreat:** \$1200
Returning: \$1100 for students who have previously attended a week-long IMSB/Bodhi-Retreats retreat and who register before June 1, 2012.
Partial retreat: \$500 (Sep 13-16)

Fee covers accommodations, food and cook services.

Deposit: \$250 (Non-refundable)

Cancellation Policy:

The \$250 deposit is non-refundable. Full payment is non-refundable after August 1, 2012. If you cancel after 08/01/2012, the \$250 deposit remains non-refundable while half of the remaining balance for your full retreat fee may be applied to a future Bodhi-Retreats/IMSB retreat (refund checks will not be issued). These vouchers for future retreats are valid for one year. If the retreat must be canceled (due to unforeseen circumstances), full refunds will be given to those registered at the time the retreat is canceled. Refunds will not be given for any other reason.

Location: Quaker Center, 1000 Hubbard Gulch Rd., Ben Lomond, CA 95005

Dates/Times: Full retreat: September 13–23, 2012
Partial retreat: September 13–16, 2012

Please plan to arrive at 3:00 to register. Registration closes at 4:00. The program will end at 3:00pm on Sunday September 23. For individuals signing up for the partial retreat, the program ends any time after lunch on Sep 16.

Please arrange your schedule to arrive and depart at the designated times. Late arrivals will not be accommodated on this retreat. Early departures are extremely disruptive and interrupt the flow of the retreat experience for the teachers, organizers, and other participants.

Contact: Janet Taylor at 408-761-9659 or retreats@imsb.org

To register, please send:

- **This Registration Form**
- **Minimum \$250 deposit (payable to Bodhi Retreats)**
- **The Waiver of Liability Form**

To the registrar at:

Janet Taylor
10373 Doris Ave
San Jose, CA 95127

* **Remit the balance of the retreat fees by August 1, 2012.**

Registration Form
Sept. 13, 2012, Concentration, Jhana, and Insight Meditation Retreat

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: _____

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

Note: This retreat is designed for experienced students. A minimum of at least one week of previous retreat experience in the insight meditation tradition is required.

Accommodations

Note: You will need to bring your 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? No _____ Yes _____

Roommate preference (name) _____

Rooms at Quaker Center are shared. Most rooms are doubles, with some dorm style accommodations. 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 \$350.

Do you wish to request a single room?

No _____

Yes _____ To request a single room, please add \$350 to your deposit check. If we are unable to offer you a single room when the retreat begins, you will be refunded the single room fee.

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

Medical and dietary restrictions:

Omnivore (includes chicken/fish) _____ Vegetarian _____ Vegan _____

Meals will be provided based on the three categories above. Please check the appropriate box above, and eat according to your chosen category during the retreat. In addition, plain food (such as plain rice, steamed vegetables, or unseasoned chicken) can be provided for individuals with multiple or extraordinary dietary restrictions. Two full meals are included in the retreat program, plus an evening snack for participants who do not wish to participate in the monastic custom of refraining from eating after mid-day

If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below.

Do you have any medical needs or mobility limitations? Please describe any mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation (*ability to walk up a 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 retreats@imsb.org. We cannot guarantee a ride, but will do our best to arrange one should you need it. Information about alternative transportation will be provided in case a ride is not available.

Dana

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

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.

To request a scholarship, contact retreats@imsb.org.

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?). Have you previously practiced jhana meditation methods? If so, please describe where, when, and what tradition, teacher, or center you learned from.

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.). Jhana practice is a particularly intense form of silent meditation, not suitable for everyone. If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake a silent concentration retreat. We recommend that jhana practice be undertaken only by participants who are experiencing a considerable degree of mental stability.

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. Silence is required. Participants are asked to remain on the property during the course of the retreat and refrain from all contact with people outside the retreat. This means no cell phones, smart phones, texting, Internet use, e-mail, or any other form of communication. Would this environment be problematic for you? _____ If yes, please explain.

7. Is there anything else you would like the teachers to know that might help them 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.

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 (please circle one):

Full retreat: 09/13–23/2012 Partial option: 09/13–16/2012

ASSUMPTION OF RISK

2. I am aware that participating in this event may involve strenuous physical activities such as 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 _____