



## **SKY MIND RETREATS**

### **LOST COAST MEDITATION RETREAT (WEEK 1)**

**JUNE 12-18, 2010**

**\$525 - \$415 (sliding scale)**

This registration packet is for the LOST COAST MEDITATION RETREAT (WEEK 1), JUNE 12-18, 2010. Please familiarize yourself with the terms for payment, cancellation, and refunds listed on this page. If you choose to apply for the retreat please complete the following four pages and return to us with your payment.

#### **To reserve your place please send in the following materials included in this document:**

- Registration Form
- Interview Questionnaire
- Medical Questionnaire
- Release Form
- \$100 deposit, or full payment (\$25 discount if full payment is made two months before retreat start date)

Reservations are confirmed on a first-come, first-served basis. If the retreat is full, you'll be placed on a waiting list. No payment other than the required deposit is necessary for those on the waiting list.

The full retreat cost is \$525 - \$415 (sliding scale). A \$100 non-refundable deposit is due with your registration form. The rest of the payment is due MAY 13, 2010 (30 days before the retreat begins). You may take a \$25 discount if you pay in full two months before the retreat start date.

**Make check payable to Sky Mind Retreats and send to  
Sky Mind Retreats, 5 Pamela Drive, Petaluma, CA 94954**

#### **Refund and Cancellation Policy**

If SMR finds it necessary to cancel a trip due to under-enrollment or other unexpected conditions, your deposit and any payments on the balance of the fee will be returned. If you find it necessary to cancel, your trip fee will be refunded according to the following schedule:

1. Cancellation received 30 or more days before departure: Full refund less \$100 deposit.
2. 30 - 14 days: A refund of 50% of full trip cost.
3. 14 days or less: Within 14 days we cannot guarantee you any refund; however, if we are able to fill your spot, we will refund 50% of the fee.

#### **IMPORTANT NOTES**

All SMR events, including pre-trip meetings, are strictly non-smoking. Alcohol and drugs are also not allowed.

This is a silent retreat. We will live together in noble silence for the length of the retreat.

Now is the time to prepare. Take the time to check into medical, evacuation, and trip insurance. Read over the equipment list and information on physical conditioning carefully.

**>>> Please keep this page for your records. <<<**

**REGISTRATION FORM**  
LOST COAST MEDITATION RETREAT (WEEK 1)  
JUNE 12-18, 2010

Please provide us with the following information:

Your name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Phone numbers \_\_\_\_\_

Briefly describe your outdoor and backpacking experience:

What motivates you to go on retreat at this time?

Do you know how you will be traveling to the trip meeting place? If so, please tell us here:

May we share your email & travel plans with other participants to help facilitate carpooling?

A **non-refundable** deposit of \$100 is required to hold your place. You may choose to pay in full at this time, too. If you are submitting this after MAY 13, 2010 please remit full payment.

**Make check payable to Sky Mind Retreats.**

Amount enclosed \$ \_\_\_\_\_

**I understand that there are inherent risks in wilderness trips and that I will be expected to sign a Release and Acknowledgement of Risks form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian if Participant is under 18:

\_\_\_\_\_ Date \_\_\_\_\_

Important: Participant interviews with teachers during retreats are purely for the purpose of supporting the participant's meditation practice during the retreat and are not--nor should they be construed as--a form of psychotherapy or counseling. This form will be destroyed following the retreat.

**INTERVIEW QUESTIONNAIRE** *In order to help guide your meditation practice in ways that would be most beneficial, please answer the following questions about your meditation, medical and psychological history. (Use back of this page for additional space to answer questions)*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

List dates of previous meditation retreats attended – please include teacher names and tradition:

List any meditation practices or spiritual traditions that you have been or are currently involved with and the approximate years you have practiced in these traditions.

What is your current daily/weekly spiritual/meditation practice?

Have you ever had or been treated for a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania or any other psychological condition? Please specify condition(s) and date(s):

Are you currently taking medication for any psychological conditions? If yes, please specify the condition and list the medications and dosage.

Have you experienced any significant emotional, psychological or spiritual difficulty in your life (*that affected your ability to function*)? If so, please briefly describe it and when it occurred. Is it still occurring now?

Are there currently conditions in your life which may be placing you under stress, or which might make meditation difficult for you at this time (e.g. fasting, recent loss of a loved one, substance abuse/withdrawal, relationship ending)?

Are there any additional comments or information you would like to convey to the teacher(s)?



# SKY MIND RETREATS

## MEDICAL QUESTIONNAIRE

Sky Mind retreats take place in the backcountry. On backpacking retreats we carry all our equipment in packs weighing 35-45 pounds. On some supported trips, we carry daypacks for up to eight miles. You do not need to be an athlete to participate in a Sky Mind retreat, but you do need to be in good physical condition, participating in a regular exercise program. If you are not sure of your physical capabilities now, talk with us about your concerns. We will be happy to talk with you about a conditioning program that suits you.

Please answer the following questions. A "yes" answer does *not* necessarily preclude your participation; we must have this information for your safety and the safety of the group.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

1. Your Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

2. Have you had any knee, hip, back, shoulder, ankle injury or operation? Yes \_\_\_\_ No \_\_\_\_

If yes to any, please explain \_\_\_\_\_

3. Do you have any of the following conditions?

Respiratory problems? Yes \_\_\_\_ No \_\_\_\_

Diabetes? Yes \_\_\_\_ No \_\_\_\_

Epilepsy or seizures? Yes \_\_\_\_ No \_\_\_\_

Allergies to medications? Yes \_\_\_\_ No \_\_\_\_

If yes to any, please explain \_\_\_\_\_

4. Do you have any allergies to insect bites or bee stings? Yes \_\_\_\_ No \_\_\_\_

If you are allergic, will you be carrying an epi-pen on this retreat? Yes \_\_\_\_ No \_\_\_\_

5. Are you taking any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Are you pregnant? Yes \_\_\_\_ No \_\_\_\_

7. Do you have any pre-existing conditions? Please describe: \_\_\_\_\_

\_\_\_\_\_

8. List any other health or physical problems not set forth above:

9. Describe your fitness program and general level of activity:

10. Are there any foods you **cannot** eat?

11. Person to contact in an emergency \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to you \_\_\_\_\_

12. SMR strongly advises its participants to have their own health insurance. If you do not already belong to a regular health insurance program, you may purchase a short-term health policy from an insurance agent. If you have a medical insurance plan please verify that this plan provides coverage for injuries or conditions that arise while on a wilderness trip. Please fill out all items that apply to you:

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of person under whose name insurance is carried:

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

Insured's Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**The above information is true and accurate to the best of my knowledge.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of guardian if participant is under 18:** \_\_\_\_\_

**Date** \_\_\_\_\_

# SKY MIND RETREATS RELEASE FORM

In consideration of the services of Sky Mind Retreats, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SMR"), I hereby agree to release, indemnify, and discharge SMR, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estates as follows:

1. I acknowledge that my participation in hiking, camping, canoeing, and backpacking activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites and stings, and hazardous plant life; equipment failure; and improper lifting or carrying.

Furthermore SMR employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warning or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SMR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SMR's equipment or facilities, including any such claims which allege negligent acts or omissions of SMR.

4. Should SMR or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event I file a lawsuit against SMR, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SMR on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by SMR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SMR from any and all Claims which are brought by, or on behalf of minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_