



## Waiver of Liability & Authorization for Emergency Medical Treatment

- I voluntarily agree to participate in retreat activities at IMS. These include individual and/or group interviews required by teachers as well as a daily work period of 45 minutes–1hour, practicing mindfulness throughout the everyday activities needed to operate our centers. If I have any concern about my ability to safely complete a work assignment, I will notify a staff member immediately. I also realize that there are unanticipated risks during such activities. I hereby assume all risks of injury to me and my property, which may be sustained in connection with activities undertaken while at IMS.
- I understand that IMS is not expected or able to provide medical and/or psychological care. I agree that, in the event a representative of IMS determines that I need professional medical or psychological attention, IMS has the authority and sole discretion to contact 911 emergency services, as well as the designated emergency contact person listed over.
- **Any costs incurred for health services are my responsibility and not the responsibility of IMS.**
- I understand that I must provide the name and contact details of an emergency contact person in order to attend the retreat, and that I will not be allowed to participate unless I have done so. IMS will make every effort to communicate with this person in the event of an emergency. This person is someone who can either collect me from IMS or help to make transportation arrangements if I need to leave the retreat early.
- I further understand that participation in IMS programs is at the discretion of the teachers and IMS administration at all times. If, in the opinion of IMS, I am unable to continue to participate productively in the retreat, I may be asked to leave.
- If I am taking prescription medications of any kind and discontinue taking them during the retreat, this will be grounds to be asked to leave.

I have read this agreement and fully understand its contents. I sign it of my own free will. I am of legal age and accept the above disclaimer and authorization.

Name *(please print legibly)* .....

Signature ..... Date .....

*Please continue over... →*

## Emergency Contact & Medical Information

### Emergency Contact Person

*In case of emergency, or if I need to leave the retreat early, the following person should be contacted\*:*

Name (please print legibly) .....

Relationship .....

Daytime Phone (.....) ..... Evening Phone (.....) .....

E-mail.....

\* The emergency contact person should be someone who can either collect you from IMS or help to make transportation arrangements if you need to leave the retreat early.

\* If you are coming from overseas, it is fine to provide an overseas emergency contact person.

\* We cannot allow you to participate in the retreat unless we have your emergency contact person's name and contact details.

### Prescription Medication Information

*We ask for this information so that, in the event of an emergency, we can give this form to Emergency Medical Services personnel on your behalf. Otherwise, it will be kept entirely confidential.*

1. Name of medication.....

Condition being treated .....

2. Name of medication.....

Condition being treated .....

3. Name of medication.....

Condition being treated .....

4. Name of medication.....

Condition being treated .....



*IMS is a spiritual refuge for all who seek freedom from the suffering of mind and heart. We offer meditation retreats rooted in the Theravada Buddhist teachings of ethics, concentration and wisdom. These practices help develop awareness and compassion, giving rise to greater peace and happiness in the world.*