



PLEASE MAIL or FAX THIS BACK ASAP SO WE CAN COMPLETE YOUR REGISTRATION
Retreat Center FAX: 978-355-6398

Teen Retreat: Waiver of Liability &
Authorization for Emergency Medical Treatment

- I voluntarily allow the retreatant named below to participate in the activities of the IMS Teen Retreat. Activities 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 actions needed to operate our centers. I will contact IMS prior to the retreat if I have any concerns about the retreatant’s ability to safely complete a work assignment or about the safety of the work itself. I also realize that there are unanticipated risks during such activities and hereby assume all risks of injury to the retreatant and her/his 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 the retreatant needs 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 incurred by the retreatant 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 for the retreatant to attend the Teen Retreat, and that she/he 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 the retreatant from IMS or help to make transportation arrangements if she/he needs to leave the retreat early.
- I further understand that the retreatant’s participation in IMS programs is at the discretion of the teachers and IMS administration at all times. If, in the opinion of IMS, she/he is unable to continue to participate productively in the retreat, she/he may be asked to leave.
- If the retreatant is taking prescription medications of any kind and discontinues taking them during the retreat, this will be grounds to be asked to leave.

I have read the information describing the Teen Retreat and clearly understand what is expected of the retreatant. I have read this agreement and fully understand its contents. I sign it of my own free will, am of legal age and have the authority to act on behalf of the retreatant. I accept the above disclaimer and authorization on the retreatant’s behalf.

Name of Parent or Guardian (please print legibly)

Signature of Parent or Guardian.....Date.....

Name of Retreatant (please print legibly)

Signature of Retreatant.....Date.....

Age at time of retreat..... Date of Birth (month/day/year).....

Please continue over... →

Emergency Contact & Medical Information

Emergency Contact Person

In case of emergency, or if the retreatant needs to leave the Teen Retreat early, the following person should be contacted*:

Name (please print legibly)

Relationship to Retreatant

Daytime Phone Evening Phone

E-mail

* The emergency contact person should be someone who can either collect the retreatant from IMS or help to make transportation arrangements if she/he needs to leave the retreat early.

* If the retreatant is coming from overseas, it is fine to provide an overseas emergency contact person.

* We cannot allow the retreatant 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 the retreatant's 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.