

TO COMPLETE YOUR REGISTRATION PLEASE RETURN THIS FORM VIA MAIL OR FAX AS SOON AS POSSIBLE

Retreat Center FAX: 978-355-6398

Insight Meditation Society 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–1 hour, practicing mindfulness throughout the everyday activities 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. I 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, the designated emergency contact person listed over, or any other psychiatric or medical professional, as appropriately determined by IMS.

Any costs incurred for health services incurred by the retreatant are my responsibility and not the responsibility of IMS.

I understand that retreat support, relevant staff and teachers may share information to best support the retreatant while on retreat.

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 the retreatant 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 the retreatant 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, the retreatant is unable to continue to participate productively in the retreat, IMS may ask the retreatant to leave.

If the retreatant discontinues any prescription medication(s) during the retreat, IMS may ask the retreatant to leave.

I acknowledge and agree that the retreatant is responsible for all of their personal property during the Retreat and that IMS is not responsible in any way for such property whether it is lost, stolen or damaged.

As consideration for being allowed by IMS to participate in these activities and use their facilities, I hereby agree that the I and my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of IMS, 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 retreat, except when an employee, agent, or contractor of IMS or any of its affiliated organizations exhibits gross negligence, or intentionally acts in a manner likely to lead to the retreatant being harmed. I hereby release IMS, and any of its affiliated organizations from all actions, claims or demands that I or 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 IMS exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

This document is construed broadly to provide a release and waiver to the maximum extent permitted under the law of the Commonwealth of Massachusetts. If any portion of this document is held as invalid, the balance shall continue to be in effect. This document is governed by the laws of the Commonwealth of Massachusetts. Venue for any legal action shall be in the state or federal courts of Worcester County in the Commonwealth of Massachusetts as applicable.

I hereby grant and convey to IMS all right, title and interest in any and all photographic images, video or audio recordings (the "Images") made by IMS during the Retreat, including but not limited to royalties, proceeds, or other benefits derived. I authorize IMS to the Images for marketing, on websites, in brochures or other writings and for any other legitimate purpose.

I decline to grant and convey to IMS all right, title and interest in any and all photographic images, video or audio recordings (the "Images") made by IMS during the Retreat, including but not limited to royalties, proceeds, or other benefits derived. I authorize IMS to the Images for marketing, on websites, in brochures or other writings and for any other legitimate purpose.

(Please continue on next page)

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 GuardianDate

Name of Retreatant (please print legibly)

Signature of RetreatantDate

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

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 the retreatant 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 the emergency contact person's name and contact details.

Are you allergic to any medication?

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. Teachers and retreat support will see this information, 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.