



**IMS In-Person Retreat Participation
Release & Waiver of Liability**

Updated: 4/6/2022

I voluntarily agree to participate in IMS in-person retreat activities and assume all risks. If I have any concern about my ability to safely participate in any retreat activities, I will notify a staff member immediately. I understand there may be 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 hereby release IMS, its affiliates, employees, agents or volunteers, 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 program.

I understand that IMS is not expected or able to provide medical care, and agree that no IMS representative will diagnose or treat any condition or illness.

In the event a representative of IMS determines that I may need professional medical attention, I agree that IMS has the authority and discretion to contact 9-1-1 emergency services, or any other medical professional, as determined by IMS, and to provide my contact information to said entities. Any costs incurred for health services are my responsibility and not the responsibility of IMS.

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

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 contact this person in the event of an emergency. This person is someone who can either transport me from IMS or help to make transportation arrangements if I need to leave the retreat early.

I understand that participation in IMS retreat programs is at the sole discretion of IMS at all times and I may be asked to leave the program if deemed necessary by IMS.

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

I grant and convey unto IMS all right, title, and interest in any and all photographic images, video or audio recordings made by IMS during the Program, including but not limited to royalties, proceeds, or other benefits derived. I authorize IMS to use such images, words, and likenesses for marketing, on websites, and for any other legitimate purpose.

This agreement shall be governed by the laws of the Commonwealth of Massachusetts. The venue for any legal action shall be the state or federal courts of Worcester County in the Commonwealth of Massachusetts as applicable.

I have read this agreement and fully understand its contents. I sign it of my own free will and agree to all terms. I am of legal age and accept the above disclaimer, release, and waiver of liability.

Signature

Date

Printed name

(Complete other side)

Emergency Contact & Medical Information

Your Name (please print legibly)

Home Address

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..... E-mail.....

Daytime Phone Evening Phone

* 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.

Are you allergic to any medication?

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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. 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.....

Signature

Date

Printed name