



Registration Form

Insight Meditation: Finding your own Way

Wednesday 23rd to Wednesday 30th May 2018

Name

Address

Phone number(s)

Email address

Male Female Age

Contact person in case of emergency

Relationship of contact person (eg, friend, partner, parent)

Phone number(s) of contact person

Special dietary needs if any, other than vegetarian

Any other special needs?

Transport to and from Springbrook

If you can offer a lift, please say from where and number of people

If you'd like a lift, please say from where

If you are applying for a concession rate, please give an outline of your circumstances



Acknowledgement of Risks

Associate Membership of DharmaCloud

On silent meditation retreats people can experience intense and unusual psychological, spiritual and/or physical states. Retreats may not be helpful for people with particular psychological conditions. At this particular retreat centre in Springbrook it is dangerous to stand close to the edge at the top of the waterfall and there are risks associated from walking in the bush, where there may be snakes, ticks, spiders and leeches.

In voluntarily participating on this retreat I am aware that I may be exposed to risks that may lead to psychological issues, injury or death. I have considered the risks before choosing to sign this form. I still wish to participate in the retreat. I accept that in signing this form I will take full responsibility and liability for my own property, health and safety.

I also apply to be an Associate Member of DharmaCloud for the duration of this retreat.

Name

Signature

Date



Participant Information for Teachers

Insight Meditation: Finding your own Way, 23rd - 30th May 2018

Information on this page is confidential and will only be seen by the registrar and teachers

Name

Male Female Age

Life situation / occupation
.....

Do you have or have you had any alcohol or drug dependency? Yes No

If yes, please describe and state whether past or current
.....

Do you have or have you had any diagnosis of a mental health condition

Yes No

If yes, please describe and state whether past or current
.....

Do you have any medical condition(s) that might require treatment during the retreat?

Yes No If yes, please describe
.....

Outline of background in meditation (if any. If you have done 7 day Insight Meditation retreats, list up to 3 saying when and with which teacher/s)

.....
.....

Physical, emotional or other conditions that might be an issue on the retreat

.....
.....

Signature

Date