



## Registration Form

Insight Meditation: Ways of Taking in the World

Wednesday 22<sup>nd</sup> to Wednesday 29<sup>th</sup> May 2019

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 a one year period.

Name .....

Signature .....

Date .....



## Participant Information for Teachers

Insight Meditation: Ways of Taking in the World, 22<sup>nd</sup> - 29<sup>th</sup> May 2019

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 .....