



Registration Form

Retreat with Stephen and Martine Batchelor
23rd to 30th October 2010

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?

Will you sleeping in one of the rooms or camping (Tick one)

Note that if camping you need to bring your own tent and camping gear.

If you are intending to sleep in a campervan, please tick here and give

registration number

Transport to and from Gunundi

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

.....

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

Note: all information here is kept confidential and will be seen only by the retreat managers and teachers.

Do you have any sleep issues that may disturb others? Yes No

If yes, please describe

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

If yes, please describe and state whether past or current

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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

.....

I confirm that all the information above is correct to the best of my knowledge.

Signature

Date



Acknowledgement of Risks

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 East Ballina there are risks from walking close to the edge of the cliffs on the nearby headland, risks in walking on the rocks by the sea, and risks from swimming in the surf. The surf can be dangerous with rips and the beaches near the retreat centre are not always patrolled.

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.

Name

Signature

Date



Participant Information for Teachers

Name

Male Female Age

Life situation / occupation

Outline of background in meditation (if any)

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.....
.....
.....

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

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.....
.....

Signature

Date