The Mountain Hermitage – April/May 2014

WAIVER OF LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT

I voluntarily agree to participate in retreat activities sponsored by *The Mountain Hermitage* (TMH). I have read the information describing the retreat I am attending. I realize that all activities at TMH retreats are voluntary and entirely at my discretion. These include a daily work period of about 1 hour. If I have any concern about my ability to safely complete an assignment, I will notify a staff member immediately. I also realize that there are 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 a TMH retreat.

I agree that in the event of a medical or psychological emergency, TMH has the authority and sole discretion to contact 911 or other available emergency services, as well as the designated emergency contact person listed below. I understand that TMH sponsors meditation retreats and is not expected to provide medical and/or psychological care.

Any costs incurred for health and emergency services are my responsibility and not the responsibility of TMH. I understand that TMH will make every effort to communicate with my designated contact person in an emergency.

I further understand that participation in TMH retreats is at the discretion of the teachers and TMH administration at all times. If, in the opinion of TMH, I am unable to continue to participate productively in the retreat, I may be asked to leave.

I have read this agreement and fully understand its contents. I sign it of my own free will. I am of full age and accept the above disclaimer and authorization.

Name of Retreatant (*please print legibly*)_____

Signature of Retreatant_____Date_____

IN CASE OF EMERGENCY, OR SHOULD I NEED TO LEAVE THE RETREAT EARLY, THE FOLLOWING PERSON SHOULD BE CONTACTED (print legibly)

The emergency contact person should be someone you can stay with should you need to leave early

Name_____Relationship_____

Daytime Phone(____)_____Evening Phone(____)_____