# The Mountain Hermitage – April/May 2016

## 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(____)_____