

# The Mountain Hermitage

## WAIVER OF LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT

April - May 2022

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. I hereby assume all risks of injury to me and my property, which may be sustained in connection with activities undertaken while at an online TMH retreat.

I agree that in the event of a medical or psychological emergency, TMH has the authority and sole discretion to contact 911 emergency services, as well as the designated emergency contact person listed below. I understand that TMH sponsors online 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 online 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(\_\_\_\_) \_\_\_\_\_