

**The Mountain Hermitage COVID 19 PROTOCOLS AND
WAIVER OF LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT
November 2024**

- 1) In the spirit of supporting our retreat and all participants (including extended contacts) we want to avoid transmission of any disease and minimize risk to our more vulnerable practitioners as much as possible. Please let me know if you have any cold symptoms a week before the retreat or if you have had possible exposure to Covid-19 in the 2 weeks prior to this retreat.

- 2) All participants (retreatants and staff) have to wear an N-95 (or KN-95) masks when in an indoors group setting (except when eating/drinking), during shared yogi jobs, during practice meetings with the teacher, and during any interactions with another participant. After everyone takes a Covid test on Day 4 (November 8th) of the retreat, mask wearing will become optional for the remainder of the retreat. **Please bring 1-2 tests with you to the retreat.**

- 3) All participants (retreatants and staff) have to get a Covid 19 test within 12 hours of arrival at retreat to show a negative test result. After everyone takes a Covid test on Day 4 (November 8th) of the retreat and tests negative, mask wearing will become optional for the remainder of the retreat. **Please bring 1-2 tests with you to the retreat.**

- 4) All participants (retreatants and staff) are asked to purify hands before: entering the meditation hall; dining hall; the kitchen; the teacher's practice meeting space; and using the 24/7 hot beverage "station." There will be ample locations to purify one's hands by either unscented hand sanitizer or by washing hands.

- 5) When possible, please observe the 6ft safe distancing protocol.
 - A) There will be HEPA UV air purifiers in the meditation hall, the dining hall, and in the space where the teacher will do his/her/their practice meetings.

 - B) For the Dhamma Talks & Group Sits with Instructions/Reflections, people will have ample space to spread out in the newly configured meditation hall. And the teacher will be wired for sound which will be amplified.

 - C) For the Group Sits without instructions/reflections, people can opt to sit in his/her/their own rooms or outside if weather permits.

 - D) For meals, please do your best to ensure that you sit 6ft or more apart. Depending on the weather, people can also eat outdoors. People can also eat in his/her/their own rooms. Crockery and cutlery, pots and pans, mugs and glasses will be sanitized after each meal using the kitchen sanitizing machine.

- 6) Shopping for groceries and supplies will be done by the cook and the retreat manager. **With this in mind, please keep the number of special shopping requests to a minimum.**

I acknowledge that I have read and understand the above protocols & guidelines and that I agree to follow them. I acknowledge that attending an in-person retreat during these intense times involves taking a certain amount of risk. I acknowledge that The Mountain Hermitage is doing what it can do to minimize this risk. 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 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 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.

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(____) _____