



SKY MIND RETREATS

**Colorado Rockies – Crested Butte Retreat
August 25th - 28th, 2011
\$155 - \$130 (sliding scale)**

To reserve your place please send in the following materials included in this document:

- Registration Form
- Interview Questionnaire
- Medical Questionnaire
- Release Form
- Please make full payment at time of registration (\$75 is non-refundable)

The full retreat cost is \$155 - \$130. The sliding scale allows those who need to pay less to do so, while allowing those who can to more fully cover the costs associated with the retreat and make a small contribution to the basic overhead costs of Sky Mind Retreats.

**Make check payable to Sky Mind Retreats and send to
Sky Mind Retreats, 5 Pamela Drive, Petaluma, CA 94954**

Refund and Cancellation Policy

A full refund of all fees paid, including the deposit, will be given if your cancellation is received within 7 days after we receive your application (except within 30 days of departure). You will receive full refund if you cancel from the wait list, or are still on the wait list when the retreat starts.

If SMR finds it necessary to cancel a trip due to under-enrollment or other unexpected conditions, your deposit and any payments on the balance of the fee will be returned. If you find it necessary to cancel, your trip fee will be refunded according to the following schedule:

1. Cancellation received 30 or more days before departure: Full refund less \$75
2. 30 or less: A full refund less \$75 if we are able to fill your spot.

Retreats have no margin and only cover costs. When people cancel at the last minute we have no other way to cover the costs of the retreats. If an emergency arises, and you need to cancel, and we are able to cover our costs, we will return your fee less the \$75 deposit.

IMPORTANT NOTES

All SMR retreats are strictly non-smoking. Alcohol and drugs are also not allowed.

This is a silent retreat. We will live together predominantly in noble silence for most of the retreat.

If you are registering close to the retreat, please contact our registrar Quilley to be sure there is space, otherwise, you can fill out and mail your registration, you will receive confirmation by email.

REGISTRATION FORM

Colorado Rockies Retreat, August 25-28, 2011.

Please provide us with the following information:

Your name _____ Gender _____

Address _____

Phone _____ Birthdate _____

Email _____ Occupation _____

Person to notify in case of emergency: _____

Phone numbers _____

Please tell us how you found out about this retreat:

Do you know how you will be traveling to the retreat? If so, please tell us here:

May we share your email & travel plans with other participants to help facilitate carpooling?

Please make the full payment of \$155 - \$130 at time of registration.
Make check payable to Sky Mind Retreats.

Amount enclosed \$ _____

I understand that there are inherent risks in an outdoor based retreat and that I will be expected to sign a Release and Acknowledgement of Risks form.

Signature _____ Date _____

Signature of Guardian if Participant is under 18:

_____ Date _____

Important: Participant interviews with teachers during retreats are purely for the purpose of supporting the participant's meditation practice during the retreat and are not--nor should they be construed as--a form of psychotherapy or counseling. This form will be destroyed following the retreat.

INTERVIEW QUESTIONNAIRE *In order to help guide your meditation practice in ways that would be most beneficial, please answer the following questions about your meditation, medical and psychological history. (Use back of this page for additional space to answer questions)*

Name _____ Occupation _____

List dates of previous meditation retreats attended – please include teacher names and tradition:

List any meditation practices or spiritual traditions that you have been or are currently involved with and the approximate years you have practiced in these traditions.

What is your current daily/weekly spiritual/meditation practice?

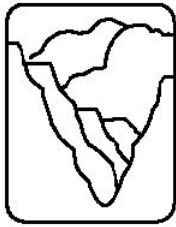
Have you ever had or been treated for a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania or any other psychological condition? Please specify condition(s) and date(s):

Are you currently taking medication for any psychological conditions? If yes, please specify the condition and list the medications and dosage.

Have you experienced any significant emotional, psychological or spiritual difficulty in your life (*that affected your ability to function*)? If so, please briefly describe it and when it occurred. Is it still occurring now?

Are there currently conditions in your life which may be placing you under stress, or which might make meditation difficult for you at this time (e.g. fasting, recent loss of a loved one, substance abuse/withdrawal, relationship ending)?

Are there any additional comments or information you would like to convey to the teacher(s)?



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MEDICAL QUESTIONNAIRE

Sky Mind retreats take place in the backcountry. This retreat will be held at 11,000'. You do not need to be an athlete to participate in a Sky Mind retreat, but you do need to be in good physical condition. Please answer the following questions. A "yes" answer does *not* necessarily preclude your participation; we must have this information for your safety and the safety of the group.

Name _____ Date of Birth _____

Address _____

1. Your Age _____ Height _____ Weight _____

2. Have you had any knee, hip, back, shoulder, ankle injury or operation? Yes ___ No ___

If yes to any, please explain _____

3. Do you have any of the following conditions?

Respiratory problems? Yes ___ No ___ Diabetes? Yes ___ No ___

Epilepsy or seizures? Yes ___ No ___ Allergies to medications? Yes ___ No ___

If yes to any, please explain _____

4. Do you have any allergies to insect bites or bee stings? Yes ___ No ___

If you are allergic, will you be carrying an epi-pen on this retreat? Yes ___ No ___

5. Are you taking any medications? Yes ___ No ___

If yes, please explain _____

6. Do you have any pre-existing conditions? Please describe: _____

7. List any other health or physical problems not set forth above:

8. Are there any foods you **cannot** eat?

9. SMR strongly advises its participants to have their own health insurance. If you do not already belong to a regular health insurance program, you may purchase a short-term health policy from an insurance agent. If you have a medical insurance plan please verify that this plan provides coverage for injuries or conditions that arise while on a wilderness trip. Please fill out all items that apply to you:

Name and address of person under whose name insurance is carried _____

Insured's Phone # _____

Name of Insurance Company _____

Insurance Company Phone # _____

Policy Number _____ Group Number _____

The above information is true and accurate to the best of my knowledge.

Signature _____

Date _____

Signature of guardian if participant is under 18: _____

Date _____

SKY MIND RETREATS RELEASE FORM

In consideration of the services of Sky Mind Retreats, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SMR"), I hereby agree to release, indemnify, and discharge SMR, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estates as follows:

1. I acknowledge that my participation in hiking, camping, canoeing, and backpacking activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites and stings, and hazardous plant life; equipment failure; and improper lifting or carrying.

Furthermore SMR employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warning or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SMR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SMR's equipment or facilities, including any such claims which allege negligent acts or omissions of SMR.

4. Should SMR or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event I file a lawsuit against SMR, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SMR on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SMR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SMR from any and all Claims which are brought by, or on behalf of minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian _____ Print Name _____ Date _____