

**Insight Meditation Community of Colorado
Release of Liability Waiver Form**

Name: _____
(Please print legibly)

Address: _____

Phone: _____ **Email Address:** _____

Emergency Contact: _____ **Phone:** _____

I understand and acknowledge that my participation in any part of this retreat is voluntary and I acknowledge my responsibility for exercising my own judgment in choosing what parts of the retreat I will participate in. By this consent I knowingly and voluntarily assume the risk of any physical or other injury either to myself or caused to others by me during the retreat. I hereby release the Insight Meditation Community of Colorado (referred to as IMCC) and the IMCC teachers and staff from any and all liability for physical and other injuries to myself. I hereby agree to indemnify and hold harmless IMCC of all liability claims and suits and damages for any physical or other injury to myself and for any injury to others caused by me.

I acknowledge that the activities described above may be more physically, mentally, or emotionally demanding than my usual activities. To the extent that I have any physical, mental or emotional disability which would impair my ability to participate in the activities and exercises described above, I have made written reference to each such disability on the reverse side of this page, and in the event that I have made no such reference to any such disability, I represent to IMCC that I have none.

I hereby authorize IMCC to take any and all reasonable steps on my behalf in the case of any physical or other injury or condition I might suffer during the retreat I am attending. Staff people from IMCC may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment of IMCC staff may be deemed reasonable or necessary. I hereby agree to indemnify and hold harmless IMCC from any and all liability, claims, suits, and damages, including but not limited to: the cost, arising out of or with respect to the engagement of such services and/or personnel on my behalf. Further, I hereby knowingly and voluntarily release IMCC from any liability for any physical or other injury that I may suffer as a result of their engagement of such services and/or personnel on my behalf.

Any and all claims for injury and/or death shall be tried by arbitration.

This release shall be binding to the fullest extent permitted by law. If any provision of the Release is found to be unenforceable, the remaining terms shall be enforceable. This Release shall be binding upon Holder's assignees, subrogates, distributors, heirs, next of kin, executors and personal representatives.

Agreed to by: _____ **Date:** _____
(Signature)