

Insight Retreat Center
1906 Glen Canyon Rd, Santa Cruz 95060
and
Insight Meditation Center
108 Birch Street, Redwood City, CA 94062
PARTICIPATION AGREEMENT AND LIABILITY RELEASE

I voluntarily allow my child, _____, **for whom I am a parent or legal guardian**, to participate in the following Insight Retreat Center (IRC) and Insight Meditation Center (IMC) activity:

Insight Retreat Center Gardening Service Project

Assumption of Risk. I fully realize that this activity may involve strenuous physical activities including, but not limited to, meditation; outdoor activities such as gardening, walking, hiking, boating and the like; yoga and other movement classes; and/or other events, activities, field trips and programs, located at the premises of Insight Retreat Center (1906 Glen Canyon Rd., Santa Cruz, CA 95060), Insight Meditation Center of the Mid-Peninsula (108 Birch Street, Redwood City, CA), or other offsite locations. I am voluntarily allowing my child to participate in these activities with full knowledge of all of the risks involved and agree to accept any risk that arises as a result of his or her participation.

Release of Liability. In consideration for IRC and IMC allowing my child to participate in these activities at facilities owned, rented, or otherwise procured by IRC or IMC, I agree that neither I nor anyone acting on behalf of me, my child, my heirs and/or assignees will seek any claims including, but not limited to, lawsuits or attachment of IRC or IMC property, for injury or damage resulting from negligence or other acts by anyone working directly or indirectly for IRC or IMC, except for gross or willful negligence. I indemnify and hold harmless IRC and IMC from all actions that I and/or anyone acting on behalf of me and/or my child, heirs or assignees may have for injuries or damages my child incurs from participation in these activities.

Knowing and Voluntary Execution. I have carefully read this agreement and fully understand its contents. I sign it of my own free will, on behalf of my child participating in the program, knowingly accepting my assumption of risk and the release of liability.

Signature

Printed Name

Date

(revised 8/11)

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MEDICAL INFORMATION FORM

Name of participating child: _____

Emergency contact:

Name: _____ Relationship: _____

Phone (list more than one if applicable): _____

Physician Information:

Name of physician: _____ Phone: _____

Medical coverage:

Insurance company: _____

Policy number: _____

Other medical information:

Current medications: _____

Known allergies to medications: _____

Known allergies to food, plants, or materials: _____

Other important health information: _____

Medical Release: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Insight Retreat Center and Insight Meditation Center to seek treatment for my child and/or dependent minor by a licensed physician.

Signature of parent or legal guardian

Printed name

Date