
Retreat Registration

Denise Barclay

MINDFULNESS, MOVEMENT & MEDITATION

Friday-Sunday

November 15-17, 2019

Camp Galilee, Lake Tahoe, NV

Sponsored by

Dharma Zephyr Insight Meditation Community (<http://www.dharmazephyr.org>)

Cost: Registration fees are \$210 for food and lodging only. A minimum \$75 deposit is required to secure your spot. The remaining balance is due by October 15, 2019. Compensation for the teacher is not included in the registration fees. There will be an opportunity to offer dana/donations at the end of the retreat.

Cancellation: Full refunds are given until October 15, 2019.
After October 15, 2019 the refund amount is minus \$60.
After November 1, 2019 no refund is given.

Location: Galilee Episcopal Camp and Conference Center, Glenbrook, Nevada, on highway US 50 on the east shore of Lake Tahoe. Directions and information about the facility are available at <http://dharmazephyr.org/event/denise-barclay/>.

Contact: Susan Sara at Susansara@DharmaZephyr.org for questions about registration/logistics.

You can register/pay online at dharmazephyr.org or please send check made out to DZIMC to Denise Barclay, 1800 Wren Street, Reno, NV 89509:

- (1) a minimum \$75 deposit check
(payable to DZIMC),**
- (2) the completed Registration Form
(please print your name once on each page),**
- (3) the signed Waiver of Liability Form,**
- (4) and remit the balance of the registration
fees by **October 15, 2019.****

Please print your name here:

Registration Form

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Day: _____ Evening: _____

Age _____ Occupation: _____

How did you learn about this retreat? _____

Emergency Contact: Name: _____ Phone: _____

Relationship to emergency contact: _____

Experience: Is this your first residential retreat? Yes _____ No _____

Accommodations

Note: All participants must provide their own bedding (including sheets and blankets, or sleeping bags), pillows, towels, and toiletries.

Are you? Male _____ Female _____

Do you snore? No _____ Yes _____

Light sleeper? No _____ Yes _____

Roommate preference, if any: (name) _____

Accommodations at Camp Galilee are in dormitories and cabins. If requesting one or more particular roommates, please ensure that all parties request each other. Staff will try to accommodate such requests if possible based on availability.

Single rooms:

Some single rooms may be available for an additional charge of \$75, depending on attendance.

Do you wish to request a single room?

No _____ Yes _____

To request a single room, please send a separate check for \$75 (made out to DZIMC) to the registrar. This check will be cashed shortly before the retreat if we are able to offer you a single room.

Please indicate if you have a medical need that requires private accommodations: _____

Medical and dietary restrictions:

Please print your name here:

Meals will be provided based on the categories below, unless you have additional dietary restrictions. Please check the appropriate box (or boxes) below.

Vegetarian (including eggs & dairy) _____

Vegan _____

Gluten Free _____

Lactose Free _____

Nut Allergies (specify) _____

If there are certain ingredients that you cannot eat under any conditions for medical reasons, please list them below.

Do you have any medical needs or mobility limitations?

Please give any other information that will assist us with your room assignment and your stay at Camp Galilee. Please note: all dormitories/cabins and the meditation hall have at least a few steps at the entrances. Ability to negotiate gentle hills is required, and some accommodations have short pitches of steeper dirt/gravel access.

Carpooling:

Would you be willing to offer a ride to someone from your area? Yes _____

If yes, can they contact you directly? No: ____ Yes ____

Phone and/or email:

If you need a ride, contact Denise Barclay at denise@denisebarclayyoga.com.

Dana

Registration fees cover food, accommodation (Camp Galilee cook and staff), and basic administration expenses. There will be an opportunity to offer donations/dana at the end of the retreat to support the teacher.

Scholarship

Would you be willing to help those who need financial assistance to attend the retreat? Yes _____

Amount enclosed \$ _____

Donations to the scholarship fund may be made payable to "Dharma Zephyr". Please send your donation with a separate check to the registrar and write "Retreat scholarship fund" on the memo line.

Or are you in need of Scholarship Assistance? Yes _____

If Yes, you will be contacted by email on how to apply for a DZIMC Scholarship.

Please print your name here:

Retreat Experience (if your answer requires more space, please use reverse side)

1. Please describe your experience with other meditation/yoga retreats (i.e., approximately how many retreats have you attended, what is your longest retreat, and in what traditions?).
2. Please describe any mobility limitations, physical limitations, or injuries that would impact your mindful movement, sitting and walking meditation, or require special accommodations.
3. Please describe any psychological conditions that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness etc.). Silent meditation is not suitable for everyone. If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake a period of silent meditation.
4. Contact with the outside world is minimal. Retreatants need to be at ease with some silence and solitude. Noble Silence is required for a portion of the retreat. Would this environment be problematic for you?
5. Is there anything else you would like the teacher to know that might help guide your practice during this retreat?

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge.

Signed _____ **Date** _____

Print Name _____

Please print your name here:

**CAMP GALILEE MEDITATION RETREAT, OCTOBER 15-17, 2019
ASSUMPTION OF RISK / RELEASE OF LIABILITY / INDEMNITY**

I, _____, for myself, my personal representatives, assigns, heirs, and next of kin, in consideration for the opportunity to participate in the Camp Galilee Mindfulness, Movement & Meditation Retreat (the "Retreat"), October 15-17, 2019, acknowledge, agree, and represent as follows:

I understand that the Retreat will take place at a location near a lake, on rough, uneven, unimproved, and natural grounds, and in rustic buildings, and that the Retreat will involve activities, such as (but not limited to) prolonged sitting, walking, yoga, Qi Gong, conscious movement, that pose risks of property damage, bodily injury and death.

I fully understand the risks and dangers associated with participation in the Retreat. I also fully understand that there may be risks and dangers associated with participation in the Retreat that are not known to me or not readily foreseeable at this time.

I fully accept and assume all risks and dangers, and all responsibility for losses, costs, and damages I incur, as a result of my participation in the Retreat.

I agree and warrant that I will examine and inspect each Retreat activity in which I take part, and if I observe any condition that I consider to be unacceptably dangerous, I will refuse to take part in that Retreat activity unless and until the condition has been corrected to my satisfaction.

I hereby release and discharge the Galilee Episcopal Camp and Conference Center, St. John's Episcopal Church, the Episcopal Diocese of Nevada, the Episcopal Church of the United States, Stuart Campbell, the Dharma Zephyr Insight Meditation Community, Denise Barclay and all other individuals and entities involved in producing the Retreat, and their agents, directors, and officers ("Releasees") from all liability, claims, demands, losses, or damages on my account caused, or alleged to be caused, in whole or in part, by negligence on the part of the Releasees or otherwise; I covenant not to sue the Releasees; and I agree that if, despite this agreement, I make, or anyone on my behalf makes, a claim, I will indemnify, save, and hold harmless, at my own expense, each of the Releasees from any claims, suits, or actions of any nature, including attorney fees and costs, which are in any way connected with my participation in the Retreat. I understand that this binds my family, heirs, executors, administrators, and assigns, as well as myself.

I have read this agreement, fully understand its terms, understand that I give up substantial rights by signing it, sign it freely and without any inducement or assurance of any nature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance shall continue in full force and effect.

Signed _____ Print Name _____ Date _____