



## SKY MIND RETREATS

### **PROFESSOR VALLEY FIELD CAMP RETREAT Oct 16-24, 2009 - REGISTRATION PACKET**

**>>> Please keep this page for your records. <<<**

This registration packet is for the Professor Valley Field Camp retreat, Oct 16 - 24, 2009. Please familiarize yourself with the terms for payment, cancellation, and refunds listed on this page. If you choose to apply for the retreat please complete the following two pages and return to us with your payment. For weekend only registration – Oct. 16-18: a limited number of spots will become available on first come first serve basis on Sept. 1<sup>st</sup>.

#### **To reserve your place please send in the following materials:**

- Pages 2 & 3 of this document (Registration Form and Interview Questionnaire)
- The Release Form (page 4)
- Your \$100 deposit, or full payment

Reservations are confirmed on a first-come, first-served basis. If the retreat is full, you'll be placed on a wait list. No payment (other than the required deposit) is necessary for those on the wait list.

The full retreat cost is \$485. A discount of \$30 (a full payment of \$455) is offered to applicants who make payment in full on or before September 1<sup>st</sup>. Otherwise a full payment of \$415 is due by March 8<sup>th</sup>. You may also choose to pay the full fee instead of a deposit, and the cancellation policy remains the same. If you apply after September 15<sup>th</sup>, please remit the full payment. If payment is not received on time, the reservation may be canceled and the deposit forfeited.

The weekend only cost is \$165 (\$150 until 9/1). Please remit full payment at time of registration. This is on a space available basis and you will be informed after September 1<sup>st</sup>.

If you would like to apply for a scholarship, please download form from the website. We encourage you to use this resource if you need it. When planning your retreat budget, you may want to consider teacher and staff support (scholarship money can only be used toward retreat fee.)

**Make check payable to Sky Mind Retreats and send to: Oct Retreat, Box 264, Moab, UT 84532  
If you need to contact us: [retreats@deserthdharma.org](mailto:retreats@deserthdharma.org) or call Janis: 435-259-9404**

#### **Refund and Cancellation Policy**

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 retreat start: Full refund less \$100 deposit.
2. 30 - 7 days: A refund of 50% of full retreat cost.
3. 7 days or less: No refund will be provided, even if cancellation is due to medical reasons.

#### **IMPORTANT NOTES**

- This is a silent retreat. We will all be living for ten days in noble silence.
- This retreat requires that you live in primitive conditions. The tipis are unheated. There are pit toilets. There are showers, but limited water necessitates only occasional showering.
- You may only smoke in a specified location. Alcohol and drugs are not allowed.

# REGISTRATION FORM

Professor Valley 2009

Your name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email - **Print clearly** \_\_\_\_\_ Occupation \_\_\_\_\_

Person to contact in an emergency \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to you \_\_\_\_\_

## MEDICAL

State of Health: \_\_\_\_\_ Allergies to Medications: \_\_\_\_\_

Other Allergies \_\_\_\_\_ How severe? \_\_\_\_\_

Allergic to insect stings? \_\_\_\_\_ Are your reactions severe? \_\_\_\_\_ If so, please bring a bee sting kit.

Dietary Restrictions: \_\_\_\_\_ Severe reactions to foods? \_\_\_\_\_

Medical problems, recent illnesses or old injuries that might recur: \_\_\_\_\_

\_\_\_\_\_

Medications (how much & how often?): \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact Phone Number (if applicable): \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Their phone(s): \_\_\_\_\_

Will you be staying in a tipi or bringing your own camping equipment?

Sleeping bags and pads are available for rent, will you be renting?

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? Yes No

Can you tell us how you heard about this retreat? \_\_\_\_\_

A **non-refundable** deposit of \$100 is required to hold your place or you may choose to pay in full at this time. If you are submitting this after September 15<sup>th</sup> please remit full payment. If you are applying for a scholarship, please download the form from the website and submit it with your application. **Make check payable to Sky Mind Retreats.**

Amount enclosed \$ \_\_\_\_\_

**I understand that there are inherent risks in camping and being at a remote site and that I will be expected to sign the Release and Acknowledgement of Risks form.**

Signature \_\_\_\_\_ 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 be 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 this or these tradition(s).

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 present 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)?

SKY MIND RETREATS

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 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 \_\_\_\_\_