

August 2017 Eco-Dharma Nature Retreat Registration

Please fill out one for each participant, sign, and mail with full payment payable to:
Impermanent Sangha, 1466 Meadowlark Dr, Boulder, CO 80303.

Or scan and email to: info@impermanentsangha.org and pay with credit card or PayPal on our Website.

2 Person Room or Camping \$750 _____ Double Shared Queen \$750 pp _____ Roommate Name _____

Private Single \$1050 _____ If need private room please state why: _____

_____ If registration and \$300 deposit sent before May 10 **save \$50** from above prices. Balance due June 15.

_____ If registration and deposit sent after May 10, pay full price above. Full payment due June 15.

_____ \$375 Regular Scholarship requested. Please enclose remaining full payment (ie \$375 for shared ~~double~~) and a note explaining circumstances. Your deposit is refundable if the scholarship is not confirmed.

_____ Special Full Time Activist Leader Scholarship requested. Please make a \$300 deposit, which may be refunded back to you when you arrive at the retreat, and complete the special scholarship application.

Once accepted \$300 deposit is non-refundable. If you cancel after June 15 additional amount paid will be refunded only if your spot is filled. Your acceptance is at the discretion of the staff. All information is confidential.

Name: _____ D.O.B: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

State of Health: _____ Allergies to Medications (specify): _____

Other Allergies _____ How severe? _____

Allergic to insect stings? _____ Are your reactions severe? _____ If so, please bring an EPI bee sting kit!

Food Allergies/Restrictions. We can accommodate common food **allergies** like gluten, soy and dairy but **not preferences**:

_____ Medical problems, recent illnesses, physical limitations, infectious disease, or old injuries that might recur:

_____ Any Medications you take (name, for what, amount and frequency):

_____ Health Insurer: _____ Tel: _____ Policy Number: _____

Describe your fitness level. Include any limitations in ability to hike, and carry a backpack (for solo):

_____ Height: _____ Weight: _____ Resting Pulse: _____ Blood Pressure: _____

Approximate # backpacking or camping trips taken in your life: _____ In the past 2 yrs: _____

Describe Meditation Experience: _____ Daily Practice: _____

Approximate # days of silent retreats in life: _____ In past 2 yrs: _____ In Nature: _____

Are you currently in treatment with a therapist or psychiatrist? _____ Name: _____

Are they aware and OK with you attending this retreat? _____

Have you ever been diagnosed with a psychological condition or mental illness? _____ If so, describe the diagnosis, dates, and treatment: _____

If any are still present, please describe your current symptoms: _____

What is your current ability to work with psychological/emotional swings in a group and nature setting? _____

Describe any present circumstances creating additional stress or difficulty for you that may make the retreat more difficult (e.g. recent loss of a loved one or job, depression, injury, illness, etc.): _____

Do you work as an eco or social activist? Please describe nature of work, your position and experience, and average time spent per week. If you need it, a special scholarship may be available, please email for an application. _____

Briefly, please share your motivations, goals and intentions, as well as any doubts or hesitations, around participating in a structured, silent wilderness retreat as a member of a cohesive Sangha (group): _____

Have you thoroughly reviewed and understood the Retreat Information? _____

AGREEMENT, WAIVER AND SIGNATURE (You will also be asked to read and sign a long form waiver.)

I certify that all the information submitted here is true. I understand that this retreat is non-commercial, it is an informal spiritual group, that no one but myself is responsible for my health and safety, both physical and mental, and that while someone may be trained in first aid and emergency procedures and will try to do their best, we may be unable to summon the necessary help or have all necessary equipment or training if an emergency arises, and that I understand and agree to participate under these conditions and to not hold any teacher or guide liable for anything that might arise.

Furthermore I understand that this is not a recreational trip, it is a spiritual retreat, and I agree to maintain noble silence, to follow the instructions of the guides and teachers, and to do what is asked to maintain the cohesion and focus of the group.

Participant Signature: _____ Date _____