

Registration Form: Awakening Love & Insight with Susie Harrington

We will use a lottery for registration, as we expect demand for this retreat to exceed the available space. To participate in the lottery, this completed application and a \$100 check for your deposit must be received by April 30. (If you are not selected to attend, your deposit will be refunded.)

For the deposit, please send a check (payable to Santa Fe Vipassana Sangha and mailed to: AIMC/Retreat, PO Box 40722, Albuquerque, NM 87196). The balance of your fee will be due by July 26, 2019. There is a \$100 fee for cancellations.

Name: _____ Email: _____

Age: _____ Gender: _____ Ethnicity/cultural identity: _____

Address: _____

City _____ State _____ Zipcode _____

Cell Phone: _____ Home phone: _____

Emergency contact name/Relationship: _____

Emergency contact phone: _____

Please list any dietary restrictions: _____

Have you practiced meditation before? _____ If so, for how long? _____

Have you ever been on a residential retreat? _____

Please let us know the amount you plan to pay for the retreat, using a sliding scale of \$550-\$750. (The more you offer the more scholarship funds we have to offer to those with fewer resources. Many bows of gratitude for your generosity!): _____

- I will need a scholarship to attend.
- I would like to contribute to the scholarship fund.

Participant waiver:

I understand that I am wholly responsible for my health and safety for the duration of the retreat, from its advent to close, and hereby waive and hold harmless the sponsoring sanghas and Susie Harrington from any liability whatsoever resulting from my participation. I understand that meditation can pose certain risks, and agree not to hold the sponsoring sanghas or Susie Harrington responsible or liable in the event of any accident, illness (mental or physical), loss of personal belongings, physical injury or emotional distress resulting from my participation in this retreat. I understand that I am fully responsible for obtaining any necessary medical treatment should any accident, illness or discomfort arise on the retreat.

Signature: _____ Date: _____