

佛門寺無量壽禪修日

2010 Buddha Gate Monastery Infinite Life Retreat Registration Form

First and Last Name		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Home Address		
City, Zip Code		
Phone	E-mail	Date of Birth

Permission Request and Release and Waiver

Permission Request and Acknowledgement of Conditions of Participation in Program

1. I, the above named person, request permission to participate in the Infinite Life Retreat at Buddha Gate Monastery (BGM) and agree to cooperate and comply with the reasonable directions and instructions from BGM Shifus, staff and adult volunteer leaders while participating.
2. I agree to be responsible for all medical expenses relating to any injury as a result of my participation in any activity, whether or not caused by the negligence of BGM Shifus, staff, volunteers, or other participants.
3. I understand that participating in recreational activities risks injury or property damage to myself and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities or BGM where activities are held, or through the activity itself. Protective equipment used in an activity is not a safeguard against injury.
4. I hereby grant BGM permission to use any videos or photographs from the event that contain my image in all of its publications and in any and all other media, whether now known or hereafter existing. I will make no monetary or other claim against BGM for the use of the photograph(s)/video(s).

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to participate in the Infinite Life Retreat activities of BGM, use the equipment provided, and to enter the premises or facilities of BGM for any purpose including observation and participation in activities, I agree:

1. To release, waive, discharge and promise not to sue BGM and its affiliated entities, its officers, directors, shifus, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property whether caused by negligence or other conduct by the Releasees while participating in BGM Infinite Life Retreat activities or in, upon or about the premises of BGM or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to my presence in, upon, or about the premises of BGM, its facilities or equipment, or while participating in any BGM Infinite Life Retreat activities whether caused by the negligence of Releasees or otherwise.
3. That I have read this Agreement and voluntarily sign the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made. I have read this Agreement and understand everything written above.

Please circle your two activities preference:	Flower Arrangement or BGM Tour Chinese Calligraphy or Tai Chi
Would you like to make a contribution to help with the expenses of the Infinite Life Retreat? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount (Thank you!)
Would you like to help with the retreat planning? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates and time you're available
Participants Signature	Date

2010 Buddha Gate Monastery Infinite Life Retreat Emergency Contact and Medical Information

Emergency Contacts (Individuals that can pick up and care for you in the event of an illness or injury.)

Primary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Secondary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone

Medical Information

Hospital/Clinic Preference		City
Physician's Name		Phone Number
Address	City, ST ZIP Code	
Insurance Carrier		Policy Number

Individual Needs (attach extra sheet if needed)

Yes No Will you be bringing any medication to the retreat? If so, which ones?

Yes No Do you take regular medication(s)? If so, which ones?

Yes No Are you allergic to any plants, insects, food, etc.? If so, which ones?

Yes No Do you have any physical restraints or special needs? If so, please explain.

Please write or use another sheet of paper to provide any additional information which may be helpful in making your retreat experience a pleasant one.

Medical Release

I, the undersigned, do hereby authorize any adult representative of Buddha Gate Monastery including Shifus, staffs, and volunteers as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon. This authorization shall remain in effect for the duration of participation in the retreat.

Participants Signature

Date