

Silent Retreat at Valmioto

Full Name:

Address:

Date of Birth

Email

Phone:

Emergency Contact number:

What experience do you have in Meditation & retreats?

What is your purpose/intention in applying for this retreat?

Do you have any disabilities or movement difficulties that need to be taken into consideration during the workshop?

Are you currently in psychiatric care or counselling of any kind? If so, is your doctor or therapist willing to approve your participation in this workshop?

Are you currently taking any medication that we should be aware of?

This is a waiver and release of liability. Please read it carefully and sign

I acknowledge that this retreat may be mentally and emotionally demanding and I accept responsibility for my own safety and well-being for the duration of my stay at Valmioto. If I am experiencing any difficulties I should inform the facilitators immediately to explain what is happening and to receive appropriate advice.

I understand and recognise that what happens to me stays under my control and that the organisers are not in any way responsible in the case of eventual physical problems or mental prejudice on my part.

I understand that none of the processes take the place of qualified medical or psychological advice and I realise that I am advised to seek such advice if I feel the need for it.

Signature

Date