

RETREAT REGISTRATION

Theosophical Society, Wheaton Illinois

ADVANCE REGISTRATION & PAYMENT REQUESTED

Complete, sign, date and mail this form and your check (payable to **Ten Directions Zen Community**) to:
Jean Barr, 1042 Dartmouth Drive, Wheaton, IL 60187, 630.681.0563

RETREAT FEES

	WEEKEND	ONE DAY
Non-member	\$130	
Kwan Um School of Zen Member	\$120	\$50
DT/DTT	\$110	

PLEASE CHECK THE APPROPRIATE BOXES

- Non-member
- Kwan Um School of Zen Member
- DT/DTT

- Weekend
- Saturday Only
- Sunday Only

- Amount enclosed \$_____. I understand and agree that a non-refundable cancellation fee of \$25/day will be assessed for cancellation within 48 hours of start of retreat.
- Health concerns or psychological conditions that may impact your participation in the retreat?

Explain: _____

Meals served will be in accord with a vegetarian diet. If you have food allergies or dietary restrictions please consider bringing your own food. We are not able to meet individual dietary requirements.

REGISTRANT

Name _____
 Street _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

EMERGENCY CONTACT

Name _____
 Street _____
 City _____
 State _____ Zip _____
 Phone _____
 Relationship _____

WAIVER OF LIABILITY

Participation in Ten Direction Zen Community retreats may be physically demanding and/or may involve some risk of physical injury. If you have any concerns about your ability to sit a retreat or to do any training or any work, please speak with the supervisory staff or the Head Dharma Teacher. We ask you to sign below, acknowledging that you accept these conditions of the Ten Directions Zen Community's retreat and are aware of the voluntary nature of all activities at Ten Directions Zen Community retreats.

I, the undersigned, understand that the activities which I may undertake at a Ten Directions Zen Community retreat may be physically demanding and/or may involve some risk of physical injury, and I agree to assume all risks. I understand that participation in any activity at the Ten Directions Zen Community retreat is voluntary, and I agree that I will not participate in any activity for which I have reason to believe that I am ill-suited, physically incapable, or which creates for me personally a risk of harm. I agree to inform Ten Directions Zen Community of any existing medical conditions which are relevant to my participation in any activities or retreats, I agree to bear all medical costs and hereby waive and release Ten Directions Zen Community for any claim of liability against Ten Directions Zen Community or its members, and indemnify Ten Directions Zen Community against any loss by it as a result of my injury.

Signature _____ Date _____