

Isthmus Zen Community Retreat Registration

Weekend Yong Maeng Jong Jin

With Zen Master Jok Um

At the Quarry Arts Building
715 Hill St. Madison, WI, Room 170
August 26-27 2017

Advance Registration Requested

Please complete and mail this form along with payment to Isthmus Zen Community 2935 S. Fish Hatchery Rd. #165, Madison, WI 53711 or email Ed Augustine (cbeyond.eja@gmail.com).

Registrant Name _____ Age _____ Gender _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

Emergency Contact (Name and Phone) _____

The cost is \$80 for Saturday, \$40 for Sunday or \$100 for the weekend. Individuals for whom retreat fees are prohibitive should contact the Abbot, Ed Augustine (cbeyond.eja@gmail.com), to discuss possible scholarships towards retreat costs.

Physical/health concerns that may limit participation and/or food allergies (use back of form if necessary).

Waiver of Liability

Zen retreats may be physically, mentally, and emotionally demanding and it is understood that participation in such a retreat involves some risk of discomfort or even injury. Participation in the various activities of an Isthmus Zen Community retreat is voluntary. Should you have any concerns about your ability to participate in a Retreat, please discuss these with Ed Augustine (608 212-8406) prior to the retreat and with the Head Dharma Teacher. We ask you to sign below, acknowledging that you are aware of the voluntary nature of all activities at an Isthmus Zen Community retreat, and that you accept these conditions as discussed below.

I, the undersigned, understand that the activities that I may undertake at an Isthmus Zen Community Retreat may be physically, mentally and emotionally demanding, and involve some risk of discomfort or injury. I agree to discuss any concerns or existing medical conditions I may have with the supervisory staff leading the retreat, and I acknowledge that participation in all retreat activities is voluntary. 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 assume all risks and hereby release the Isthmus Zen Community and its members from any liability resulting from my participation in this retreat.

Signature _____

Date _____