

**Retreat Registration**  
**Mindfulness, Concentration, and Insight Meditation**  
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay  
*www.imsb.org*

**Location:** Angela Center—Ursula Hall, 535 Angela Dr., Santa Rosa, CA 95403

**Dates/Times:**

Full retreat: Thursday, November 5 – Sunday, November 15, 2015.

Partial retreat: Must begin on Thursday, November 5, and include a minimum of 3 nights. Coordinate departure date with the registrar.

The retreat sign-in begins at 1:00 pm and closes at 2:00 pm. The program will end at 11:30 am on Sunday, November 15. For individuals signing up for the partial retreat, pre-arrange your departure day and time with the registrar.

Please arrange your schedule to arrive and depart at the designated times. Late arrivals will not be accommodated on this retreat. You may arrange to arrive early, the night before the retreat begins, for an additional fee.

**Cost:**

Full retreat: 10 nights with single-room accommodation is \$1800 – \$950 sliding scale.

Early arrival the evening of November 4 is an additional \$75. If you would like to arrive early, please notify the registrar.

All rooms are singles. Fee covers accommodations, food, and cook services. The cost is sliding scale, plus a donation to the teacher(s) at the end of retreat. The estimated actual per-person cost for this retreat (if we had used a fixed rate) is \$1400. By selecting an amount above \$1400, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount lower than \$1400 is equivalent to accepting a partial scholarship.

A limited number of volunteer work exchange positions may be available. These service roles have a registration fee of \$675 and involve approximately 4 hours of work per day (mostly kitchen work, grocery shopping, and managing yogi jobs). One service role for an experienced cook or kitchen manager may be available with no retreat fees. Contact [retreats@imsb.org](mailto:retreats@imsb.org) for information.

Partial retreat options:

3 nights (Thursday–Sunday, November 5–8) is \$520

4 nights (Thursday–Monday, November 5–9) is \$640

5 nights (Thursday–Tuesday, November 5–10) is \$780

6 nights (Thursday–Wednesday, November 5–11) is \$880

7–9 nights (Thursday–Thursday, Friday, or Saturday, November 5–12, 13, or 14) is the standard sliding scale of \$1800 - \$950

**Deposit:** \$250 (Non-refundable)

**Cancellation Policy:**

The \$250 deposit is non-refundable. Full payment is non-refundable after October 1, 2015. If you cancel after 10/01/2015, the \$250 deposit remains non-refundable while half of the remaining balance for your full retreat fee may be applied to a future Bodhi-Retreats/IMSB retreat (refund checks will not be issued).

These vouchers for future retreats are valid for two years. If the retreat must be canceled (due to unforeseen circumstances), full refunds will be given to those registered at the time the retreat is canceled. Refunds will not be given for any other reason.

**Contact:** Katrina Bergbauer at 404-660-5674 or [retreats@imsb.org](mailto:retreats@imsb.org)

Registration Form  
Mindfulness, Concentration, and Insight Meditation Retreat  
November 5-15, 2015

**To register, please send:**

- **This Registration Form**
- **Minimum \$250 deposit (payable to Bodhi Retreats)**
- **The Waiver of Liability Form**

**To the registrar at:**

**Katrina Bergbauer  
225 Second Avenue  
Decatur, GA 30030**

**\* Remit the balance of the retreat fees by October 1, 2015.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age \_\_\_\_\_

How did you learn about this retreat? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

**Retreat option:** Please check the option(s) you are signing up for, including early arrival if applicable. Priority will be given to participants signing up for the full retreat.

\_\_\_\_\_ Full retreat: 10 nights, Thursday – Sunday, Nov 5–15

\_\_\_\_\_ Partial retreat, starting on Thursday, November 5:

Enter the number of nights you will be staying (minimum of 3): \_\_\_\_\_

Enter the date on which you plan to leave: \_\_\_\_\_

\_\_\_\_\_ Add early arrival on November 4 (add \$75)

**Experience:** Is this your first residential retreat? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** This retreat is designed for experienced students. Previous retreat experience in the insight meditation tradition is required, with a minimum of at least one week-long silent residential retreat. If you have not attended at least one week-long silent retreat, your attendance requires approval from the teacher(s).

**Accommodations:**

You will need to bring your own top and bottom bed sheets, pillow case, towels, and toiletries. If you are travelling, you may rent sheets and towels from the retreat center for approximately \$12 to \$15 for full set of sheets, pillow cases, and towels. If you arrange for early arrival, you will need to take care of your own dinner the day of your arrival and your own lunch the following day. A simple, light breakfast will be provided.

Angela Center is wheelchair accessible.

Are you? Male \_\_\_\_\_ Female \_\_\_\_\_

**Single rooms:** All rooms are single-occupancy.

**Dietary restrictions:**

Two full meals are included in the retreat program, plus a light evening snack for participants who do not wish to participate in the monastic custom of refraining from eating after mid-day.

Please indicate the category of food you will eat (select only one):

Omnivore (includes chicken/fish) \_\_\_\_\_ Pescatarian (vegetarian but will eat fish) \_\_\_\_\_ Vegetarian \_\_\_\_\_

If there are certain ingredients that you cannot eat under any condition for medical reasons, please explain below.

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**Do you have any medical needs or mobility limitations?**

Please describe any medical needs, mobility limitations, physical limitations, or injuries that would prevent you from doing sitting and walking meditation, or require special accommodation. We do not encourage personal preferences, and appreciate your willingness to do the work that is needed to keep the retreat running smoothly, but it helps to know if you have an injury that would prevent bending or dishwashing or other health issues that would affect yogi job assignment, or if there are times of the days that you are unable to work such as early morning or later at night.

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**Do you have any special kitchen skills?**

Please describe any kitchen skills we should consider when assigning yogi jobs; for example, whether you could chop veggies or cook oatmeal unsupervised.

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**Carpooling:** Would you be willing to offer a ride to someone from your area? Yes \_\_\_\_\_

If yes, can they contact you directly? No: \_\_\_ Yes \_\_\_

Phone and/or email: \_\_\_\_\_

A ride-sharing website will be set up for the retreat. We encourage anyone willing to offer a ride and anyone needing a ride to post your offer/need on the website. Information will be provided about the ride-sharing website and other transportation options after you register.

**Dana**

Registration fees cover food, accommodation, cook's services, and basic administration expenses. There will be an opportunity to offer donations/dana at the end of the retreat to support the teacher(s).

## Scholarship

Would you be willing to help those who need financial assistance to attend the retreat? Yes \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Tax-deductible donations to the scholarship fund may be made payable to “IMSB” or to “Insight Meditation South Bay”. Please send your donation to the registrar and write “B-R scholarship” on the memo line.

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1. Please list the dates of previous retreats you have attended that were taught by Shaila Catherine.

2. Please describe your experience with other meditation retreats (i.e., approximately how many retreats have you attended, what is your longest retreat, and in what traditions?).

3. Please describe any other practices or retreats that have a significant impact on your meditation practice.

4. Please describe any psychological conditions that might make meditation practice difficult at this time (such as grief, recent loss, depression, addiction, psychological illness, drug addiction or alcoholism etc.). If you are experiencing intense emotional states, please check with your therapist to determine if this is an appropriate time for you to undertake an intensive silent retreat. We recommend that only participants who are experiencing a considerable degree of mental stability consider attending this retreat.

5. This will be a silent retreat environment. Contact with the outside world is minimal. Retreatants need to be at ease with both silence and solitude. Silence is required. Participants are asked to remain on the property during the course of the retreat and refrain from all contact with people outside the retreat. This means no cell phones, smart phones, texting, Internet use, e-mail, or any other form of communication.

Would this environment be problematic for you? \_\_\_\_\_ If yes, please explain.

6. During retreat, we vow to abide by the five precepts, which are:

- To abstain from killing and harming living beings (This includes all beings, both human and otherwise.)

- To abstain from stealing or taking what is not given
- To abstain from sexual misconduct (On retreat, we abstain from all sexual activity.)
- To refrain from false, malicious, or harsh speech (On this retreat, we will maintain silence except when functional speech is required during work meditation and meetings with the teacher(s).)
- To refrain from taking intoxicants

Are you willing to take these precepts and abide by them during the retreat? \_\_\_\_\_

7. Is there anything else you would like the teacher(s) to know that might help them guide your practice during this retreat?

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I understand that attendance is at the discretion of the teacher(s), and I agree to depart if requested by the teacher(s), and bear the costs involved in an early or unexpected departure.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**WAIVER OF LIABILITY**

Please return to the registrar.

**VOLUNTARY PARTICIPATION**

1. I acknowledge that I have voluntarily applied to participate in all or part of the meditation retreat sponsored by Bodhi-Retreats and/or Insight Meditation South Bay that will be held November 5-15, 2015, with an optional early arrival date of November 4, 2015.

**ASSUMPTION OF RISK**

2. I am aware that participating in this event may involve strenuous physical activities such as work meditation, yoga, or movement classes, as well as risks associated with hiking, including contact with poison oak and wildlife. I am also aware that this is a silent, intensive meditation retreat and that participants in such retreats may experience intense and unusual psychological, spiritual, and/or physical states of mind and body arising from the meditation and associated retreat activities. I am voluntarily participating in these activities with full knowledge of the risks involved, and hereby agree to accept any and all risks of harm that may result from these activities.

**RELEASE**

3. As consideration for being permitted by Bodhi-Retreats and/or Insight Meditation South Bay, or one of its affiliates to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Bodhi-Retreats, Insight Meditation South Bay, its affiliates, employees, agents or volunteers or any of its affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee, agent, or contractor of these organizations, or any of their affiliated organizations, as a result of my participation in this event, except when an employee, agent, or contractor of Bodhi-Retreats or Insight Meditation South Bay or any of its affiliated organizations exhibits gross negligence, or intentionally acts in a manner likely to lead to my being harmed. I hereby release Bodhi-Retreats and Insight Meditation South Bay, and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event, except when an employee, agent, or contractor of Bodhi-Retreats and Insight Meditation South Bay, or any of its affiliated organizations exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

**KNOWING AND VOLUNTARY EXECUTION**

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Bodhi-Retreats and/or Insight Meditation South Bay, and/or its affiliated organizations, and sign it of my own free will.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_