

Retreat Registration
Clarity and Insight
with *Shaila Catherine* and *Bhante U Jagara*
Co-sponsored by Bodhi Retreats and Insight Meditation South Bay
www.imsb.org

Location: Quaker Center, 1000 Hubbard Gulch Rd., Ben Lomond, CA 95005

Dates/Times:

Full retreat:

Thursday, June 25 – Sunday, July 5, 2015.

Partial retreat:

(Available as space permits.) Must begin on Thursday, June 25, and include a minimum of 3 nights; may end on Sunday, June 28, or any day after that.

Please plan to arrive at 3:30 pm to register. Registration closes at 4:30 pm. The program will end at 4:00pm on July 5. For individuals signing up for a partial retreat, the program ends any time after lunch on the day you leave.

Please arrange your schedule to arrive and depart at the designated times. Late arrivals will not be accommodated on this retreat. Early departures are extremely disruptive to the organizers and interrupt the flow of the retreat experience for the teachers, organizers, and other participants.

Cost:

Full retreat fee:

10 nights with single accommodations is \$2500 - \$1800 sliding scale.

10 nights with double accommodations is \$1750 - \$1250 sliding scale.

10 nights dorm accommodations or camping is \$1200 - \$800 sliding scale.

Work Exchange (likely dorm or double room accommodations) is \$650.

Partial retreat fee:

Contact the registrar at retreats@imsb.org for availability & rates. Single rooms are not available for partial attendance.

The fee covers accommodations, food, and cook services. The cost is sliding scale as listed above, plus a donation to the teachers. By selecting an amount at the upper end of the scale, your generosity supports those who need to select a lower rate to attend the retreat. Selecting an amount at the lower end of the scale is equivalent to accepting a partial scholarship. A limited number of work exchange positions are available. Contact the registrar at retreats@imsb.org for more information about work exchange.

Deposit: \$250 for a shared room or \$550 for a single room (\$250 Non-refundable)

Cancellation Policy

A deposit of \$250 is non-refundable. Full payment is non-refundable after May 14, 2015. If you cancel after May 14, 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). 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

Registration Form
Clarity and Insight Meditation Retreat with Shaila Catherine and Bhante U Jagara
June 25-July 5, 2015

To register, please send:

- **This Registration Form**
- **Minimum \$250 deposit for a shared room or \$550 for a single room (payable to Bodhi Retreats)**
- **The Waiver of Liability Form**

To the registrar at:

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

**** Remit the balance of the retreat fees by May 14, 2015.**

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Day: _____ Evening: _____ Cell: _____

Occupation: _____ Age _____

How did you learn about this retreat? _____

Emergency Contact: Name: _____ Phone: _____

Relationship to emergency contact: _____

Retreat option: Please check the option you are signing up for.

_____ Full retreat: 10 nights, Thursday–Sunday, June 25–July 5

_____ Partial retreat, starting on June 25:

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

Enter the date on which you plan to leave: _____

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 bedding (including sheets and blankets or sleeping bags), towels, and toiletries. If you are flying in for the retreat, you may rent a set of sheets, a pillow case, and a towel from the retreat center for approximately \$10 (subject to change). There are a few places to pitch tents. If you wish to camp you must provide your own camping equipment and inform the contact person.

Are you? Male _____ Female _____

Do you snore? No _____ Yes _____

Roommate preference: (name) _____

Rooms at Quaker Center are shared. Most are doubles, with some dorm style accommodations. If requesting a particular roommate, please ensure that both parties request each other.

Single rooms: Some single-occupancy rooms may be available at the listed rates.

Do you wish to request a single room?

No _____

Yes _____ To request a single room, a deposit of \$550 is required (instead of the standard \$250 deposit for a shared room).

Please indicate if you have a medical need that requires private accommodations: _____

Dietary restrictions:

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

Omnivore (includes chicken/fish) _____ Pescatarian (will eat fish) _____ Vegetarian _____

Meals will be provided based on the four categories above. Please check the appropriate box above, and eat according to your chosen category during the retreat. Two full meals are included in the retreat program, plus an evening snack for participants who do not wish to participate in the monastic custom of refraining from eating after mid-day.

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

Do you have any medical needs or mobility limitations?

Please describe any mobility limitations, physical limitations that would prevent you from doing sitting and walking meditation, or require special accommodation (*ability to walk up a hill that is between the housing/dining complex and the meditation hall is required*). 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.

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.

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 have registered.

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 teachers.

Scholarship:

Would you be willing to help those who need financial assistance to attend the retreat, or offer support for monastics to attend? 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.

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 was your longest retreat, and in what traditions?). Have you previously practiced jhana meditation methods? If so, please describe where, when, and what tradition, teacher, or center you learned from.

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

5. 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, 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.

6. 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.

7. 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.)
- To refrain from taking intoxicants

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

8. Is there anything else you would like the teachers 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, and I agree to depart if requested by the teacher, 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 the meditation retreat sponsored by Bodhi-Retreats and/or Insight Meditation South Bay that will be held June 25 – July 5, 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 _____