



# CHANMYAY SATIPATTHANA VIHARA

## Meditation Retreat Registration Form

### APPLICANT INFORMATION

Last Name:	First Name:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date of Birth (mm/dd/yyyy):	Gender:	Occupation:	
Have you completed any retreat(s) with Chanmyay Sayadaw or his Assistant Teachers?			YES <input type="checkbox"/> NO <input type="checkbox"/>

### NEW CHANMYAY MEDITATORS

Have you had any previous experience with meditation practices? YES  NO

If **yes**, please give details. Date, duration of practice, name of the teacher(s), location  
(If necessary, continue on the back or another sheet of paper.)

### RETURNING CHANMYAY MEDITATORS

Have you practiced any other meditation techniques (including other types of Vipassana) since your last retreat with Chanmyay Sayadaw or his Assistant Teachers? YES  NO

If **yes**, please give details. Date, duration of practice, name of the teacher(s), location.

Have you maintained your practice of Vipassana meditation since your last retreat? YES  NO

Please give details (how much time daily, etc.).

### ALL MEDITATORS

Check which type of food you wish to take for your meals during the retreat. Non-vegetarian  Vegetarian

Please give your arrival date and hour: \_\_\_\_\_ and departure date and hour \_\_\_\_\_.

### OTHER INFORMATION

Do you have any physical health problems or limitations, medical conditions, or diseases which might affect your ability to undertake the retreat or may require medical attention during your stay? YES  NO

If **yes**, please give details (dates, symptoms, duration, treatment, present condition).  
If long history, kindly insert a separate sheet for it.

Are you now taking, or have you taken within the past two years, any prescribed medication for the above problems? YES  NO

If yes, please give details (dates, types, dosage, and present use).

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.?

YES  NO

If yes, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

Are you now taking, or have you taken within the past two years, any prescribed medication for the above problems?

YES  NO

If yes, please give details (dates, types, dosage, and present use).

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)?

YES  NO

If yes, please give details (dates, types, amounts, additions, treatment, and present use.)

Are you now taking, or have you taken within the past two years, any other prescribed medication?

YES  NO

If yes, please give details (dates, types, dosage, and present use).

## DISCLAIMER AND SIGNATURE

I acknowledge that I agree to stay on the retreat site and to abide by all the rules and regulations for the duration of the retreat. I realize that a Vipassana meditation retreat is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true and complete to the best of my knowledge.

Signature

Date

## EMERGENCY CONTACTS

Full Name:

Relationship:

Address:

Phone: (      )

Full Name:	Relationship:
Address:	Phone: (      )
Full Name:	Relationship:
Address:	Phone: (      )

<b>HEALTH INSURANCE INFORMATION</b>	
Insurance Company:	Group:
Policy Number:	Phone: (      )

**Satipatthana Vipassana Association (SVA)**  
**Chanmyay Satipatthana Vihara Meditation Center**

**WAIVER OF LIABILITY AND AUTHORIZATION FOR MEDICAL TREATMENT**

I voluntarily agree to participate in retreat activities at SVA. I have read the information describing the retreat I am attending. I realize that all activities at SVA are voluntary and entirely at my discretion. These include a daily work period of about 1 hour helping one of the SVA departments. If I have any concern about my ability to safely complete an assignment, I will notify a staff member immediately. I also realize that there are unanticipated risks during such activities, I hereby assume all risks of injury to me and my property which may be sustained in connection with activities undertaken while at SVA.

I understand that SVA is a mediation retreat center and is not expected to provide medical and/or psychological care. I agree that in the event a representative of SVA determines that I need medical or psychological attention, SVA has the authority and sole discretion to contact 911 emergency services, as well as the designated emergency contact person listed above. Any costs incurred for health services are my responsibility and not the responsibility of SVA. I understand that SVA will make every effort to communicate with my designated contact person in an emergency.

I further understand that participation in SVA programs is at the discretion of the teachers and SVA administration at all times. If, in the opinion of SVA, I am unable to continue to participate productively in the retreat, I may be asked to leave.

I have read this agreement and fully understand its contents. I sign it of my own free will. I am of full age and accept the above disclaimer and authorization.

Name of Retreatant (please print legibly): \_\_\_\_\_

Signature of Retreatant:

Date: