

# Sinh Thúc Meditation Retreat Registration Form

For \_\_\_\_\_ at Sinh Thuc Meditation Center in Wardensville, WV  
from \_\_\_\_\_ to \_\_\_\_\_

Please send this form and the Liability Waiver form (One Liability Waiver form per person) with your retreat fee (payable to Sinh Thuc) to:

**Sinh Thúc Mindful Living Society**  
**PO Box 1223, Herndon, VA 20172**

Telephone: (703) 787-3377      Email: Registration@sinhthuc.org.

**Important: Your space is not confirmed until you return all of the required forms with payment and are confirmed by phone or mail by the registrar.**

Please select choices where appropriate

We would like to register for  Dormitory style room       Outdoor Camping  
 Single occupancy room       Double occupancy room

Name \_\_\_\_\_ Gender Male / Female  
\_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Gender Male / Female  
\_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Retreat fee enclosed \$ \_\_\_\_\_

Would you be willing to offer a ride to someone from your area? Yes / No  
If yes, how many people \_\_\_\_\_

## EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Please provide any additional information that may assist us to better accommodating you:

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# Sinh Thuc Liability Waiver Form

Please fill out one Liability Waiver form per person

*Dear friend in the Dharma,*

*Sinh Thuc Mindful Living Society is founded on the principles and teachings of the Dharma for the liberation of all beings. It is our goal to offer those teachings as inexpensive as possible and with the greatest possible access to them. However, Sinh Thuc exists in the world of modern America, which can include the possibility of claims and litigation against Sinh Thuc for what can occur during our events. Such claims and litigation when made needlessly or frivolously would be a costly and time-consuming process that could eventually threaten the continued viability of Sinh Thuc and our ability to offer access to the Dharma to this community. Thus, we ask that you read and sign this waiver of liability. By signing it, you will be indicating that you understand that you play a role in protecting the Sinh Thuc Mindful Living Society from litigation. We believe you will find this experience enjoyable and beneficial like many who has come before.*



*With metta,  
Sinh Thuc*

## **VOLUNTARY PARTICIPATION**

I acknowledge that I have voluntarily applied to participate in the \_\_\_\_\_ Retreat to be held at \_\_\_\_\_ from \_\_\_\_\_, referred to below as "this event".

## **RELEASE**

As consideration for being permitted by Sinh Thuc Mindful Living Society to participate in this event, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue Sinh Thuc Mindful Living Society, its affiliates, employees, agents or volunteers for injury or damage resulting from acts, howsoever caused, by any employee, agent, or contractor of Sinh Thuc, as a result of my participation in this event, except when an employee, agent, or contractor of Sinh Thuc exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed. I hereby release Sinh Thuc Mindful Living Society from all actions, claims or demands that I, my assigns, 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 Sinh Thuc exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

## **KNOWING AND VOLUNTARY EXECUTION**

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 Sinh Thuc Mindful Living Society, and sign it of my own free will.

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

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