

# Midwest Sangha Retreat May 19-21, 2017 Kwan Um School of Zen

Held at the Theosophical Society in Wheaton IL

## Advance Registration and Payment Requested

Please complete, sign, date and mail/email this form.

The check can be made payable to **Ten Directions Zen Community**.

Enclose completed form and check, then mail to:

**Kevin Smith**

**Cedar Avenue Business Center, 1020 Cedar Avenue, Unit 216; St. Charles, IL 60174**

Registrant Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

## Part 1

Room Accommodations (only circle one):

<b>Both nights</b> (Friday and Saturday)	<b>\$90</b>
<b>May 19 only</b> (Friday night only)	<b>\$45</b>
<b>May 20 only</b> (Saturday night only)	<b>\$45</b>
<b>Not staying at the Theo</b>	<b>\$0</b>

## Part 2

Retreat Participation (please circle):

<b>Entire Retreat</b>	<b>\$110</b>
<b>One Day only</b>	<b>\$60</b>
<b>Half-Day only</b>	<b>\$40</b>

### Part 3

Payment Summary (please fill in and total):

Room Accommodations	\$
Retreat Participation	\$ _____
Total	\$

### Part 4

Payment Method (please check one):

PayPal on the TDZC website	<input type="checkbox"/>
Check or cash by mail	<input type="checkbox"/>
Check or cash in person	<input type="checkbox"/>

If by mail, then amount enclosed is \$ \_\_\_\_\_ (Make check payable to the **Ten Directions Zen Community**)

**I understand and agree that a \$30 non-refundable fee will be assessed for cancellation less than 72 hours before the retreat.**

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

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#### 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 a Kwan Um Zen retreat is voluntary. Should you have any concerns about your ability to participate in a retreat, please contact and discuss these with [Mark Garrett](#) prior to the retreat and with the Head Dharma Teacher at the retreat. We ask you to sign below, acknowledging that you are aware of the voluntary nature of all activities at a Kwan Um Zen retreat, and that you accept these conditions as discussed below.

I, the undersigned, understand that the activities I may undertake at a Kwan Um Zen 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 Kwan Um School of Zen and its affiliate groups, including but not limited to the Ten Directions Zen Community, Dharma Flower Zen group, Great Lake Zen Center, Isthmus Zen Community, Theosophical Society in America, and their members, from any liability resulting from my participation in this retreat.

Signature \_\_\_\_\_

Date \_\_\_\_\_

After signing and dating, please mail or hand in this registration form to a TDZC member. Thank you.