

__Goenka Style: How many__ 1-3ea__ 5+__ 10+__

__Vipassana Mahasi Style: How many__ 1-3ea__ 5+__ 10+__

__Other styles- Describe_____

1. Emergency Contacts:

Person to be notified in case of an emergency:

Name: _____ Relationship: _____
 First Last

Address: _____
 Street, City Country Zip

Either: Phone (Home): _____ Phone (Mobile): _____

Medical Information and Release

2. Health Insurance

Are you covered by Health Insurance that will apply in EU?

If yes, please fill out below:

Insurance company name: _____

3. Medical Information

Please list any medications with dosages you are currently taking that may affect your meditation practice: _____

Please list any food or drug allergies: _____

Do you have any underlying medical conditions that we may need to know about?

Sleeping Issues? _____

Back Pain or other body pain or issues that might interfere you are your retreat-
You can use a chair?

Have you ever been under the care of a psychiatrist or are under treatment now?
No ___ Yes ___ Did you have a diagnosis? _____ (**Meditation is not a
treatment for mental illness.**) Please talk to us if there is any possibility of relapse
and list a phone number for your doctor. _____

A Note: The gift of the Dhamma is always free. Retreat participants are requested to contribute towards the cost of the location, dhamma hall and food, At the end of the retreat, at your discretion, you may give a Gift of Generosity (Dana) to support Delson's livelihood who fully lives by the Dhamma.

*Suttavada Foundation
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Christian Kasper
Oswaldgasse 27-31/3/88, 1120 Wien*

RELEASE OF LIABILITY

Participation in an event organized by the Suttavada Foundation/Christian Kasper ("the organizers") is at your own risk. By registering for it, you declare that you are in full possession of your mental powers and can take care of your physical as well as mental health and safety all by yourself.

As the events of the Suttavada Foundation/Christian Kasper are explicitly neither therapeutic nor medical, each participant has to take note that none of our services can replace a therapeutic or a medical treatment. Accordingly, it is explicitly stated that the above-mentioned events must not be considered as substitute for any necessary medical treatment, physiotherapy or psychotherapy.

The organizer is not liable for both loss and damage of clothes as well as for objects taken to such events. Neither is the organizer liable for property damage or any personal injury.

Based on the application of the acquired knowledge and skills, no warranty or liability claims whatsoever can be made against the teacher or the organizers. In the event of any liability, this is limited to the net participation fee per person.

The reversal of the burden of proof, i.e., the organizer 's obligation to prove innocence of a defect or damage, is excluded by mutual agreement. Unless otherwise agreed in writing, i.e., both explicitly as well as by mutual consent and in writing, the organizer assumes no liability for consequential damages, lost profits and any failed application or implementation from an event.

Furthermore, liability for slight and (plain) gross negligence is excluded in any case. Under no circumstances do the organizers assume any form of guarantee and / or liability for success. Before the beginning of the course, each participant has to inform himself/herself regarding his/her own state of health and if he/she suffers from physical or mental difficulties that might cause problems during the practice of exercises. In such case, the participant is obliged to inform the organizer thereof PRIOR TO the beginning of the event.

All legal relations between the parties shall be governed by the laws of the Republic of Austria, thus excluding the UN Convention on Contracts for the International Sale of Goods.

Acknowledged, understood, and accepted in full:

Name:

Address:

Signature

Date