



Dhamma Sukha Meditation Centre Inc.
69 Glendale Road, Springvale VIC 3171 Australia

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RETREAT REGISTRATION FORM

Retreat Venue: **Retreat Date:**

First Name: Last Name/Surname

Street Address

..... Suburb..... Postcode

Telephone: Home Work Mobile

Email address

Please add me to your mailing list: Yes – email Yes – mail No, thank you

Gender: Male Female

Birth date (DD/MM/YYYY)/...../..... **Country of Birth:**

Level of English Low Average Good **Main language used**

Are you registering for: 3-Day retreat 5-Day retreat

How will you arrive at the venue?

Own Car (Registration Number)

Car Share (with.....)

Need Lift

Can you provide transport? Yes No

Emergency Contacts

Name..... Relationships

Phone Mobile.....

Pre-existing Medical Conditions/ Allergies

.....

.....

Please note:

The Dhamma Sukha Meditation Centre does not have public liability insurance cover for this event because of the impact of the Sept 11, 2001 incident and other factors beyond its control. It will not be responsible for any injury or death or any loss of property suffered at the retreat.

Retreat applicants please read and sign the form 'Schedule 1' (prescribed by the Victorian Government to be used in the 'recreational' activities) in order for the Registration to be accepted.

SCHEDULE 1

EXCLUSION OF CERTAIN RIGHTS TO SUE Section 97A **Goods Act 1958** and Goods (Recreational Services) Regulations 2003

About this form

Under sections 91 and 92 of the **Goods Act 1958** several conditions are implied into contracts for the sale of goods and services. These conditions mean that the seller named below is required to ensure that the recreational services it sells to you are:

- rendered with due care and skill; and
- as fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the seller.

If you sign this form, you waive your rights under sections 91 and 92 of the **Goods Act 1958** to sue the seller for losses relating to death or personal injury of the seller's breach of these requirements results in your death or your personal injury. Signing this form does not affect any rights that you may have under other sections of the **Goods Act 1958** or any other Acts of laws.

You should be aware that signing of this form may have an effect on any insurance policy that covers you for death or personal injury. If you have any concerns about the effect of signing this form you should discuss with your insurer or legal adviser.

Name & address of seller:

Dhamma Sukha Meditation Centre,
69 Glendale Road, Springvale, Vic 3171

Description of recreational services sold: Meditation Retreat

Venue:

Date:

Steps taken by the seller to avoid the danger of death or personal injury: None (for example, hourly / daily/ weekly/ monthly equipment inspections; only qualified staff used; certain staff/ participant ratio; compliance with an in industry standard, code of practice, code of conduct or accreditation scheme etc.)
If no steps have been taken, seller must insert the word 'none in this section.

Declaration and signature of person about to use these services

I understand that the recreational services about to be sold as set out in this form may cause my death or my personal injury.

By signing this form, I understand I **waive my rights to sue** the seller for losses relating to my death or my personal injury that result from a breach of a condition specified in sections 91 and 92 o the **Goods Act 1958**.

I understand that if the seller has not complied with any law about the proper completion of this form and how my signature is obtained (for example, if the seller has made a false or misleading statement in relation to the steps taken by the seller to avoid the danger of death or personal injury), or has acted recklessly, the seller cannot enforce the waiver.

Name (please print) Signature Date

Street Address

..... SuburbPostcode

Background Information for the Instructor

The following information that you provide will allow the instructor to better understand your background with the aim of providing better instruction and help overcome any obstacles you may encounter during the meditation retreat. All information is kept strictly confidential.

1. Please detail your experience with Vipassana (Insight) meditation in the Mahasi or broader Theravadan tradition. Please include names of your previous instructors.
2. Have you practiced or currently practicing any other forms of meditation? Please detail the type of meditation and also the length of practice.
3. Please detail any medical, physical or psychological conditions that may impact your meditative practices or be aggravated by intensive sitting or walking meditation.
4. Are you currently being counseled by a psychologist or psychiatrist? Yes No

If Yes, do you have written approval to participate in this retreat Yes No

Please provide details of your counselor

Name.....

Phone

I have read and understood the retreat information sheet and the DSMC's policy on course costs and refunds, and I agree to attend the retreat on these terms. I also acknowledge that the information I have provided is accurate to the best of my knowledge.

Name..... (please print)

Signature Date