

VIPASSANA SUPPORT INTERNATIONAL

Waiver of Liability and Authorization for Emergency Medical Treatment during a Virtual Retreat

I voluntarily agree to participate in retreat activities as they pertain to a virtual retreat experience. I hereby assume all risk of injury to me and damage to my property that might be sustained in connection with activities undertaken on this VSI virtual retreat.

I understand that VSI is not expected or able to provide medical and/or psychological care. I agree that, in the event that a representative of VSI determines that I need professional medical or psychological attention, VSI has the authority and sole discretion to contact 911 emergency services, and/or to contact the designated emergency contact person I have given contact information for.

Any costs incurred for health services are my responsibility and not the responsibility of VSI.

I understand that participation in VSI retreat activities is at the discretion of the teacher and VSI staff at all times. If, in the opinion of these persons, it is inadvisable for me to continue to participate in the retreat, and I am asked to leave, I agree to do so promptly.

If I am taking prescription medications of any kind, and I discontinue taking them during the retreat, I understand that this may be grounds to be asked to leave, and I agree to do so promptly.

I understand that I must provide the name and contact details of an emergency contact person in order to attend the retreat, and that I will not be allowed to participate unless I have done so. VSI will make every effort to communicate with this person in the event of a known emergency. Therefore, I am listing a person who can make arrangements for medical assistance should that be necessary.

In the event that any session is recorded, and I choose to enter into any dialogue during that session, it is with the understanding that the recording may be duplicated later for sales and this gives permission to use my recorded voice on those recordings sold.

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