

SHAMBHALA MOUNTAIN CENTER
RELEASE FROM LIABILITY AND TERMS AND CONDITIONS

A separate form must be executed for each individual including minors

I understand that before participating in any program or event at Shambhala Mountain Center ("SMC"), I must review and accept these terms and conditions and provide the Release from Liability and I wish to do so as my voluntary act.

RELEASE FROM LIABILITY

Assumption of the Risk: I understand that SMC is located in a rural, mountainous setting at an elevation of 8,000 feet. Thus, I acknowledge that there are significant, unavoidable risks of harm in such an environment, up to and including severe personal injury or death. I realize that residing at SMC and participating in the program also involve a risk of injury. I have had the opportunity to consider these risks. Understanding these risks, I accept full responsibility for my own wellbeing, safety, and conduct while at SMC.

Minors: I understand that I am likewise fully responsible for the wellbeing, safety, and conduct of minors under my care regardless of any supervision provided by program or SMC staff. I understand that I must review and sign the Shambhala Mountain Center Minors Liability Release as a condition of minors in my care participating in a program.

Medical Conditions and Allergies: It is my sole responsibility to inform SMC of any medical condition(s) that may affect me while attending a program. I understand that the nearest pharmacy and professional medical care is at least an hour away. It is my responsibility to ensure that I have the medication I require for the duration of my stay. I understand that some conditions can become more aggravated at high altitude and that high altitude may aggravate an otherwise stable medical condition. I accept full responsibility for my mental and physical wellbeing while in this environment. I have consulted with my healthcare provider about any concerns prior to my program. I understand that I am responsible for knowing whether any ingredients to which I am allergic exist in any foods that are prepared by SMC. If I am uncertain about the ingredients of these foods, I am responsible for requesting this information from an SMC staff person who has prepared or overseen the preparation of such food. I have disclosed all allergies in writing to SMC.

Emergency Medical Care: I understand that SMC is not responsible for providing emergency medical care during my visit. If the Center determines that emergency medical services are required for myself or minors under my care, I authorize SMC to arrange such care solely at my own expense. I agree to pay or reimburse SMC for all such expenses immediately upon request.

With these understandings, I AGREE THAT TO THE FULLEST EXTENT PERMITTED BY LAW, I RELEASE SMC, ITS DIRECTORS, EMPLOYEES AND REPRESENTATIVES FROM LIABILITY FOR ANY DAMAGES OR LOSSES ON ACCOUNT OF PERSONAL INJURY, WHETHER PHYSICAL OR PSYCHOLOGICAL, UP TO AND INCLUDING DEATH, TO ME OR MY CHILDREN, OR DAMAGE TO MY PROPERTY SUFFERED FROM ANY CAUSE WHILE I AM PRESENT AT SMC. This release does not, however, include injury suffered due to intentional harm caused by SMC or any person for whom it is legally responsible.

I understand and voluntarily accept this Release from Liability: _____ initials

CODE OF CONDUCT

I acknowledge and accept that the following actions are strictly prohibited at SMC:

- Nonconsensual sexual contact, sexual harassment, and harassment or bullying of any kind;
- Public consumption of alcohol except at designated events;
- Possession or consumption of alcohol by an individual under the age of 21;
- Providing alcohol or marijuana to an individual under the age of 21;
- Possession or consumption of marijuana or illegal drugs;
- Recording presentations of any kind using recording devices. SMC and/or presenters maintain exclusive rights to these presentations.

I acknowledge and accept the following requests from SMC:

- SMC requests that you report any activities or situations that threaten yourself or others to your program leader, meditation instructor, supervisor, or to a "Dorje Kasung," which is a program or SMC staff member managing health and safety.
- In order to maintain a respectful and contemplative environment, SMC requests that participants respect SMC's 10:30 pm curfew and refrain from playing musical instruments or using amplified sound equipment except with SMC permission.

I have read, understand, and accept the Code of Conduct: _____ initials

PHOTOGRAPHY/VIDEO/AUDIO RELEASE

I understand that while I am on SMC property, SMC or its agent(s) may take photographs, videos, or audio recordings of me or minors under my care for promotional or informational purposes. I understand that SMC owns these photographs, videos, and recordings and I consent that such photographs, videos, and audios may be used for such purposes. I agree that I am due no compensation for such use.

I understand and accept the Photography/Video/Audio Release: _____ initials

I have read, understood, and agreed to the above terms and understand that failure to sign this agreement could prohibit me from participating in the program for which I am registered and that all payments made by me for this program will be forfeited.

Signed: _____

Date: _____

Print Name: _____

Or Print name of Minor: _____

Relationship to Minor: _____

Signature of Parent or Guardian: _____