



# Sinh Thuc Meditation Center

Mailing Address: P.O. Box 1223, Herndon, VA 20172

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Center: 1735 Sauerkraut Rd, Wardensville, WV 26851 - (304) 897-6056

Email: information@sinhthuc.org

Web Site: http://www.sinhthuc.org

## Retreat Registration Form

For the Retreat from \_\_\_\_\_ to \_\_\_\_\_ at  
Sinh Thuc Meditation Center in Wardensville, WV

Please send the Registration form, Liability Waiver form and Vaccine Self-verification form with your retreat fee check (made to Sinh Thuc) to Sinh Thuc Meditation Center, PO Box 1223, Herndon, VA 20172. Or email all signed forms in PDF to registration@sinhthuc.org and pay the retreat fee via Venmo to @SinhThuc or via PayPal to registration@sinhthuc.org

***Please note that your registration is not completed until we received all of the required forms with payment, and you have received a confirmation email.***

**Please fill-in and select/check/circle appropriate selections below:**

We would like to register for  Dormitory style room  Outdoor Camping  
 Single occupancy room  Double occupancy room

Name \_\_\_\_\_ Gender Male / Female

Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Gender Male / Female

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Retreat fee submitted \$ \_\_\_\_\_

Would you be willing to offer a ride to someone from your area? Yes / No

If yes, how many people \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Please provide any additional information such as food allergy, special needs so that we may better assist you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Sinh Thuc Liability Waiver Form

Please fill out one Liability Waiver form per person

*Dear friends. Sinh Thuc Meditation Center is founded on the principles and teachings of the Buddha for the well-being of all beings. It is our goal to offer those teachings as inexpensive as possible and with the greatest possible access to them. However, Sinh Thuc exists in the world of modern America, which can include the possibility of claims and litigation against Sinh Thuc for what can occur during our events. Such claims and litigation when made needlessly or frivolously would be a costly and time-consuming process that could eventually threaten the continued viability of Sinh Thuc and our ability to offer access to the Teaching to this community. Thus, we ask that you read and sign this waiver of liability. By signing it, you will be indicating that you understand that you play a role in protecting the Sinh Thuc Meditation Center from litigation. We believe you will find this experience enjoyable and beneficial like many who has come before.*



*Sinh Thuc Meditation Center*

## **VOLUNTARY PARTICIPATION**

I acknowledge that I have voluntarily applied to participate in the Mindfulness Meditation Retreat at Sinh Thuc Meditation Center to be held from \_\_\_\_\_ to \_\_\_\_\_, referred to below as "this event".

## **RELEASE**

As consideration for being permitted by Sinh Thuc Meditation Center to participate in this event, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue Sinh Thuc Meditation Center or Sinh Thuc Mindful Living Society, its affiliates, employees, agents or volunteers for injury or damage resulting from acts, howsoever caused, by any employee, agent, or staff of Sinh Thuc, as a result of my participation in this event, except when an employee, agent, or staff of Sinh Thuc exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed. I hereby release Sinh Thuc Meditation Center from all actions, claims or demands that I, my assigns, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event, except when an employee, agent, or staff of Sinh Thuc exhibits gross negligence or intentionally acts in a manner likely to lead to my being harmed.

## **KNOWING AND VOLUNTARY EXECUTION**

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Sinh Thuc Meditation Center, and sign it of my own free will.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# SELF-VERIFICATION FORM FOR COVID-19 VACCINE and BOOSTER

Please fill out one vaccine self-verification form per person

*Dear friends. Due to the COVID19 pandemic and per guidelines of the Centers for Disease Control and Prevention (CDC), everyone will be required to be fully vaccinated and have no COVID-19 symptoms to attend the retreat. For everyone's health and well-being, we appreciate your understanding and cooperation.*

## **VOLUNTARY SELF-VERIFICATION**

I (name) \_\_\_\_\_ confirm that I have received (please check the appropriate box below)

- Three vaccine shots of Moderna or Pfizer and Booster, and it has been 14 days since received my Booster vaccine shot.
- Two vaccine shots of Johnson & Johnson and Booster, and it has been 14 days since received my Booster vaccine shot.

Currently, I have no COVID-19 symptoms. In addition, I agree to inform the staff at Sinh Thuc Meditation Center right away before the first day of the retreat and during the retreat if I experience any of the COVID-19 symptoms.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_