



Crystal Mountain Society - A Society for Eastern and Western Studies
Galiano Island, British Columbia, Canada
email: crystalmountainsociety@yahoo.ca

PERSONAL LIABILITY RELEASE FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

I hold harmless Crystal Mountain Society, its teachers, visiting teachers, attendants, volunteers and board members from any claims, demands, damages, actions, or causes of actions due to loss, injury, or damage to my person or property which may arise from my attendance at a retreat or any other function on Crystal Mountain Society's property on Galiano Island, British Columbia.

My participation in any and all activities is strictly voluntary and therefore, I freely accept and fully assume the possibility of personal injury (whether physical, mental or emotional) or any loss resulting therefrom. I hereby acknowledge that I understand that Crystal Mountain Society Retreat property consists of dramatic or potentially dangerous shifts in terrain, steep cliff faces, narrow ungrooved trails or other issues that may be considered hazardous. I acknowledge this as a camping style environment with no outdoor lighting.

I understand that Galiano Island is a remote island serviced by a small clinic and emergency ambulance service only. Should I attend a retreat or classes at Crystal Mountain Society or be invited to their property for any other reason, I will have adequate medical health insurance, including if I am from out of the province or a resident of another country. I agree to notify the retreat manager, board member, or resident teacher and/or their attendant immediately if I become ill or injured and understand that they will take the most appropriate measures possible to care for me until I reach medical care.

I have read this document carefully and understand that signing this document will affect my legal rights, including the right to sue now or in the future. This includes consequential losses I may suffer or that my next of kin may suffer on my behalf, and is binding upon my heirs, next of kin, estate trustees, executors, administrators, and other personal representatives.

Signature: _____ Date: _____