



**CRYSTAL MOUNTAIN - A Society for Eastern and Western Studies**

Galiano Island, British Columbia, Canada

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**PERSONAL LIABILITY RELEASE FORM  
updated 2022**

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 organized or led by Crystal Mountain Society. Whether it is on the societies retreat centre property or any teaching venue or residence in which functions, classes, interviews or gatherings are held.

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. Through verbal contact and/or relevant signage, Crystal Mountain Society has taken reasonable care concerning my health and safety. I have been warned of any dramatic or potentially dangerous shifts in terrain, or other issues that may be considered hazardous.

I understand that Galiano is a remote island serviced by a small clinic and emergency ambulance service only. Should I attend a retreat at Crystal Mountain Society or be invited to their property for any other reason, I will have adequate medical health insurance if I am from out of the province or from 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: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_