

Bodhi School 2009-2010 Release Form

I wish to have my child (name) _____ participate in the Boulder Shambhala Meditation Center Bodhi School classes. I understand that these classes include physical activities that involve an element of risk of serious injury to my child that cannot be avoided. I understand the nature of these hazards and agree to assume the financial responsibility for any such injury to my child. I also understand that neither Shambhala International, the Boulder Shambhala Meditation Center, Karma Dzong, Shambhala Training, nor the Nalanda Gate carry insurance that could cover the expenses of accidental injuries.

I hereby release Shambhala International, Vajradhatu, the Boulder Shambhala Meditation Center, Karma Dzong, and Shambhala Training, their officers, directors, employees, and all paid and volunteer instructors and assistants in the Bodhi School classes from any and all liability claims or responsibility for any personal injury, damage or loss that my child may suffer related to his/her participation in any activities of the Boulder Shambhala Meditation Center's Bodhi School classes. This release shall not, however, apply to any right I may have to recover under any insurance policies covering Shambhala International, the Boulder Shambhala Meditation Center, Karma Dzong, Shambhala Training, or the Nalanda Gate, or their employees or volunteers for injuries suffered by my child as a result of negligence or other wrongful conduct.

I hereby consent to the provision of any emergency health care that my child may require while participating in a Shambhala Center Bodhi School class or under the supervision of an instructor of such classes.

My physician's name is: _____

Physician's address: _____

Physician's telephone: _____

Date: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Address: _____

Telephone number: _____