

SOUL RESEARCH INSTITUTE

2663 Cinnabar Road, Colorado Springs, CO 80921

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Retreat Application Form

Applicant Details Name: First Middle Last Email: ______ Phone No: 1______ 2.____ Mailing Address:_____ Emergency contact details:____ Existing physical health problems: Existing mental health problems: Existing medications and restrictions regarding food, sleep, and exercise: **Retreat Preferences (see attached Retreat Calendar)** I hereby certify that the above information is accurate and consent to its use for retreat management purposes. I hereby acknowledge that I have carefully read, reviewed, understood, and accepted the assumption of risk, indemnity, and release as stated on the attached Exhibit A. I hereby agree to follow the daily schedule, code of noble conduct, and all other rules and regulations imposed by the retreat facility. I affirm that I am physically and mentally fit to undertake and complete the course. I hereby restate that I assume all risks and liabilities of any kind associated with participating in the retreat. I hereby agree to protect, release, and hold harmless Soul Research Institute, the landowners, the teachers, and the organizers of the retreat for and against any and all claims related to my stay at and participation in the retreat. I further covenant and agree that my family, my heirs, or anybody else will not make any claims on my behalf. Applicant's Signature: Date:

Exhibit A ASSUMPTION OF RISK, INDEMNITY AND RELEASE

I,	_, the applicant of my own free am seeking to attend a retreat ("Retreat")
or visit ("Visit") Soul Research Institute retreat facility	at 3619 Estates Circle, Larkspur, CO 80118, USA. I understand that my
participation in a Retreat or a Visit is contingent upon m	ny agreement to and execution of this Assumption of Risk, Indemnity and
Release agreement ("Release"). Accordingly, in consid	deration for my participation in a Retreat or Visit, I agree, on behalf of
myself, my heirs, and assigns, as follows:	

I am over the age of eighteen, am competent to execute this Release, and am in good mental and physical health. I certify that all information on this form is true and correct. I understand that a Retreat or Visit is a focused time for spiritual practice as directed and supervised by landowners of the retreat facility, teachers, and organizers of the retreat. Visit or spiritual practice at the retreat may involve walking, exercising, meditation sitting, and/or yoga. I understand that neither landowners of the retreat facility, teachers, and organizers of the retreat, nor any of their respective directors, officers, employees, or agents, have made any investigation into or representations regarding the character or metal health of Retreat participants or Visitors. I am aware that while at certain dangers may occur, including but not limited to, the hazards of trail walking in the field or wilderness, wild animals, the forces of nature, or accidents or illness in remote places without medical facilities. I understand that it is not the function of Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or any of their respective directors, officers, employees, or agents, to serve as guardians of my physical or mental health or safety while on a Retreat or Visit.

I assume any and all risk of personal injury, death, property damage or other injuries or damages arising out of or in connection with my participation in a Retreat or Visit. I agree not to hold Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or any of their respective directors, officers, employees, agents, predecessors, successors, or assigns, responsible for, and I hereby forever waive and release any claims, actions, or causes of action for, any personal injury, death or property damage, or other injuries or damages (including those for the rendering or failure to render first aid, medical treatment or other treatment or service) arising out of or in connection with, my participation in a Retreat or Visit, other than that resulting from or arising out of the intentional, willful, or wanton acts of Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or their respective directors, officers, employees, agents, predecessors, successors, or assigns. This Release expressly includes the assumption of risk and release of any claims, actions, or causes of action, for personal injury, death or property damage, or other injuries or damages, alleged to result from or arise out of any negligence by Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or any of their respective directors, officers, employees, agents, predecessors, successors, or assigns, expressly including, without limitation, negligent supervision, negligent or intentional infliction of emotional or mental distress, or premises liability. The term "agents" as used in this document expressly includes Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat. I agree that I, and not Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or any of their respective directors, officers, employees, agents, predecessors, successors, or assigns, shall be fully responsible for payment of any bills for medical services rendered to me as a result of any accidents, injuries, or illnesses arising during or in connection with my participation in a Retreat or Visit. I further agree to indemnify and hold harmless Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, or any of their directors, officers, employees, agents, predecessors, successors, and assigns for all costs, damages, and/or awards, including attorneys' fees, arising out of any demands, causes of action, claims, counterclaims, or cross claims brought by any other person or entity against Soul Research Institute retreat facility at 3619 Estates Circle, Larkspur, CO 80118, USA, or landowners of the retreat facility, teachers, and organizers of the retreat, pertaining to, arising out of, or as a result of any act or omission by me, intentional, negligent or otherwise, in connection with the Retreat or Visit. The provisions of this Release are severable. If any part of this Release is found to be unenforceable, the other provisions shall remain fully valid and enforceable. This Release is governed by the laws of the State of Colorado, USA. I consent to personal jurisdiction in Colorado state in connection with any claims, actions, or causes of action, for personal injury, death or property damage, or other injuries or damages, alleged to result from or arise out of or in connection with my participation in a Retreat or Visit.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SOUL RESEARCH INSTITUTE RETREAT FACILITY AT 3619 ESTATES CIRCLE, LARKSPUR, CO 80118, USA, OR LANDOWNERS OF THE RETREAT FACILITY, TEACHERS, AND ORGANIZERS OF THE RETREAT, AND I HAVE SIGNED OF MY OWN FREE WILL.

Signature:	D. A
Signafilre:	Date:

2010

January

Su	Мо	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 1 New Year's Day
- 18 Martin Luther King Jr. Day

April

Su	Мо	Tu	We	Th	Fr	Sa
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	14 21 28	29	30	

- and May 1st and 2nd
 - 4 Easter

July

Su	Мо	Tu	We	Th	Fr	Sa		
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		_	7		_	_		
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18	19	20	14 21	22	23	24		
25 26 27 28 29 30 31 and August 1st								

October

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(10	11	12	13	14	15	16
				20			
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	31						

31 Halloween

February

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28						

- 2 Groundhog Day 12 Lincoln's Birthday
- 14 St. Valentine's Day
- 15 President's Day
- 17 Ash Wednesday 22 Washington's Birthday

May

			•			
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30						

9 Mother's Day 31 Memorial Day

August

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29	30	31				

November

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28	29	30				

- 2 Election Day7 Daylight Saving Time Ends 11 Veteran's Day
- 25 Thanksgiving

March

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21	22	23	24	25	26	27
28	29	30	31			

14 Daylight Saving Time Begins 17 St. Patrick's Day 28 Palm Sunday

June

Su	Мо		We 2			
6	7					
13	14	15	9 16	17	18	19
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27	28	29	30			

14 Flag Day 20 Father's Day 21 Summer Solstice

September

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12	13	14	15 22	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
and	Oct	1st.	2nd.	3rd		

12 Grandparent's Day

December

Su	Мо	Tu	We	Th	Fr	Sa
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
and	d Jar	1st	2nd	, 20	11	

25 Christmas 31 New Year's Eve

Weekend Retreats

Begins: 4pm, first Thursday of each month as highlighted in yellow on the calender.

End: 4pm, first Sunday of each month as highlighted in yellow on the calender.

Weeklong Retreats

Begins: 4pm, Third Sunday of each month as highlighted in green on the calender.

End: 4pm, Last Sunday of each month as highlighted in green on the calender.

Two-Week Retreats

Begins: 4pm, Second Sunday or Monday of each month as boxed in red on the calender.

End: 4pm, Third or fourth Saturday of each month as boxed in red on the calender.