NYUNGNE RETREAT ACKNOWLEDGEMENT
AND LIABILITY WAIVER FORM

My name is __________________________. I am over the age of 21 and competent to execute this acknowledgement and liability waiver form. All statements made herein are true and correct.

I understand that The traditional Nyungne practice at KTC Dallas includes a day and half of complete abstinence from food and drink. I also understand that not taking any fluids for 30+ hours will lead to noticeable dehydration in most people, and that this discomfort is a part of the practice.

I acknowledge that I have been informed that some individuals may be particularly susceptible to dehydration which could lead to serious health consequences. To combat that possibility, I understand that KTC Dallas recommends drinking plenty of fluids (with electrolytes) during the entire first day of the Nyungne; that waiting to drink until the evening doesn’t help.

In preparation for, and as a condition of permission for me to participate in the Nyungne, I acknowledge I am to be conscious of the following signs of mild to moderate dehydration: thirst; dry or sticky mouth; decreased urination; darker yellow urine; dry, cool skin; headache; muscle cramps.

I am also aware that the following conditions increase the risk of dehydration: illnesses causing fever, diarrhea or vomiting; excessive sweating from exercising or working outdoors during hot, humid weather; medications including diuretics and other drugs used to treat high blood pressure; age (older adults are more susceptible to becoming dehydrated); and chronic illnesses including diabetes, kidney disease, and heart failure.

In preparation for, and as a condition of permission for me to participate in the Nyungne, if I am taking prescription medications, am older, or have a chronic medical condition, I agree to consult my personal doctor before undertaking the Nyungne practice. You may let him know that it is fine to take prescription medications with small amounts of water during the retreat, and if I am to do this, I will inform the Lama to obtain his permission before the retreat begins.

I understand and acknowledge that participation in the Nyungne involves risk of physical illness and dehydration and that despite safety precautions, there can be no guarantee of safety from any such harm or loss as all risks cannot be prevented. Resources for information on such risks have been made available to me, including information located at The National Institutes of Health [https://www.nlm.nih.gov/medlineplus/ency/article/000982.htm], and The Mayo Clinic [http://www.mayoclinic.org/diseases-conditions/dehydration/basics/symptoms/con-20030056].

I understand that participation in the Nyungne practice is a personal and spiritual adventure for me as an individual. In order for me to be permitted to participate in the Nyungne practice, I acknowledge and agree that neither Lama Dudjom Dorjee nor Karma Thegsum Choling–Dallas can be held liable for any harm, damage, or loss I may suffer or incur as a result of my participation, including any physical illness and/or dehydration. In consideration of the opportunity afforded to participate in this Nyungne retreat, with full knowledge and acceptance of the risks associated with that participation and with full understanding of the above issues/conditions and risks, I – for myself and my heirs, beneficiaries, and assigns – hereby release, indemnify, and hold harmless Lama Dudjom Dorjee and Karma Thegsum Choling–Dallas (along with its faculty/staff, members, officers, volunteers, and agents) from all form and manner of risks inherent in, and from all claims, suits and demands of any nature for any harm, damage, or loss arising from my participation in said retreat.

____________________________________
Participant

Before me the undersigned, a notary public in and for said County and State personally appeared __________________________, known to me to be the same person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for purposes therein expressed.

Given under my hand and seal of office this the ____ day of ____________________, 20__.

___________________________________
Notary Public in and for the State of ______________