

Registration: (please print) Use one form per family

Seabeck 2022 Half Week Registration August 21-27, 2022

Name:			
Address:			
Audress			

City:	State:	ZipCode:	
Home Phone: ()	Cell Phone: ()	
Email Address:			

Fees-Payment Information: (Please identify a first and second housing choice in the # column)

Fee includes 6 nights, 18 meals and programs	Sun-Wed Fee	#	Wed-Sat Fee	#	Total \$
Salal / Huckleberry Adult Single occupancy Adult Double or Family occupancy 6 th —8 th Grade (housed with parents) 3 years- 5th Grade (housed with parents) Toddlers, 1-2 years Infants - no organized program					Sold Out
Spruce Adult Single occupancy Adult Double occupancy	\$595 \$450		\$595 \$450		
Inn, Inn Annex (Adults only) Annex Single occupancy Inn Single occupancy Inn Double occupancy	\$475 \$530 \$415		\$485 \$540 \$425		
Maples (Adults only) Adult Single occupancy Adult Double occupancy Pines	\$440 \$340		\$440 \$340		
Adult Single occupancy Adult Double occupancy 6 th —8 th Grade (housed with parents) 3 years-5th Grade (housed with parents) Toddlers, 1-2 years Infants - no organized program					Sold Out
Family Housing (Cedars, Firs, Madrona) Adult 6 th —8 th Grade (housed with parents) 3 years-5th Grade (housed with parents) Toddlers, 1-2 years Infants - no organized program	\$360 \$335 \$280 \$90 No Cost		\$360 \$335 \$280 \$90 No Cost		
Teen Housing (housing with families) Grades 9-12 in Fall & 2022 graduates					N/A
Next Thought Group 18-35 years					N/A
Offsite	\$240		\$250		



Complete below for all family members, including yourself and Teens"

T-Shirt size options: YS, YM, YL, (Unisex) S, M, L, XL, XXL, XXXL.

If no T-shirt is desired, put a check in the No T-Shirt column.

	Name	T-shirt Size	No T-Shirt	Age (if under 18)	Youth: Grade in coming Fall	Gender
Guest 1/				,		
Registrant						
Guest 2						
Guest 3						
Guest 4						
Guest 5						
Guest 6						

Room Selections

_		g as a Single s in rooms with o		-		•	_	(Note: We	will	place
			uiei	campers or i	iie s	ame gen	uei.)			
 Preferred R 								,, .		
υο you prete	 Do you prefer (check one)"Up Late at Night" roomie Are you a light sleeper? () yes () no. A snorer? () yes () no 						en" roomie			
 Are you a light 	ght	sleeper? () yes	s (() no. A	snoi	er? () yes	() no		
Other Accom	mc	odations:								
What is your dietary request (check all that apply)?										
Guest 1		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Guest 2		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Guest 3		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Guest 4		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Guest 5		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Guest 6		No Restrictions		Vegetarian		Vegan		Gluten Free		Dairy Free
Please list any food allergies:										
Mobility: If you or a family member require any accommodations for disability or impaired mobility,										

please share pertinent details:



Payment Information

Payments in Full required at time of regi	istration	
Printed Name:		
Signature:		
Date:		

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of participating in Center for Spiritual Living's Seabeck activities (collectively the "Activities") and the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- a) TO WAIVE ALL CLAIMS that they have or may have against the Host, its owners, affiliates, employees, and/or agents arising out of the participants participation in the activities or the use of any equipment provided by the Host ("Equipment"), including while receiving instruction and/or training.
- b) TO ASSUME ALL RISKS OF PARTICIPATING IN THE ACTIVITIES and using the equipment, even those caused by the negligent acts or conduct of the host, its owner, affiliates, operators, employees, agents, and/or officers. The participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the activities and using the equipment, which may be both foreseen and unforeseen and include serious physical injury and death:
- c) TO RELEASE the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the participant (or his/her next of kin) may suffer, arising out of his/her participation in the activities and/or use of the equipment, including while receiving instruction and/or training. The participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the host, its owners, affiliates, operators, employees, agents and/or officers, to the fullest extent permitted by law. However, nothing in this agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and
- d) TO INDEMNIFY the host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the participant (or his/her next of kin) may suffer, arising out of participation in the activities, and/or use of equipment, including while receiving instruction or training.

Photography/Video Release

The participant hereby grants to the host, its representatives, and employees the right to take photographs/videos of the participant in connection with participant's participation in the activities. Participants hereby authorizes the host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the host may use such photographs of participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and electronic content.

Please note: You will need to opt out of photos/videos if you do not want your picture taken for CSL publicity use.



Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that Precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's equipment and facilities before any participation.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings.

If, while participating in the Activities, the Participant and/or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

Medical Release

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other medical services and, to the extent not paid for by my insurance, agree to pay for same for myself or my minor child named below. I agree to indemnify and hold harmless the group leaders and any other representative of the Center for Spiritual Living and the Center for Spiritual Living itself, from all liability arising from this minor's participation in and attendance at Center for Spiritual Living functions including all liabilities arising from injury to myself or named minor.

Binding Arbitration

The Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, hereby agrees to submit any dispute, claim, or controversy, relating to and/or arising from (a) this Release of Liability, Assumption of Risk, Waiver of Claims, Indemnification & Binding Arbitration Agreement, (b) Participant's participation in the Activities, and/or (3) any other interaction between the Participant and the Host, including the determination of the scope or applicability of this agreement to arbitrate, to binding arbitration. For such disputes, there shall be a three-member arbitration panel, consisting of two party- appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party- appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the district in which the Activities occurred. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the State and County where the Activities occurred, and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law. Judgment on the Award may be entered in any court having jurisdiction over the parties and controversy. Participant and the Host specifically intend this Binding Arbitration provision to survive in the event that any other portion of this Agreement is held invalid. NOTICE TO PARTICIPANT: By signing this Agreement, you are giving up your right to commence litigation against the Host in a court of law, and you are giving up your right to a trial by jury.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

By signing this document, I agree to the above listed waivers, releases, statements of responsibility, etc. Printed Name:_____ Names of Participants:_____ Signature: _____ (Guardian if minor) Date:_____ **Emergency Contact:** Name: Relationship: Alt. Phone:

Phone:



Make checks payable to: **Center for Spiritual Living, 6318 Linden Ave. N, Seattle, WA 98103** Phone: (206) 527-8801 ext. 5101 Email: registrar@spiritualliving.org

Additional payment methods:

- Use the donate button on the website and include "Seabeck22" in the comment section
- Text "Seabeck22" to 844-315-7968

Deposit Received: \$_		Paid by: cash _	check#	
MC or Visa #/	//	exp/	_ Sec code _	Billing Zip Code