



# Seabeck 2026 Registration

## August 16-22, 2026

Registration: (please print) Use one form per family

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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	#	Price	# of Campers	Total Price
<b>Pines</b>				
Adult <i>Single</i> occupancy		\$1,434		
Adult <i>Double</i> occupancy		\$1,134		
6 <sup>th</sup> -8 <sup>th</sup> Grade (housed with parents)		\$845		
3 years-5th Grade (housed with parents)		\$636		
Toddlers, 1-2 years		\$200		
Infants - no organized program		No Cost		
<b>Salal / Huckleberry</b>				
Adult <i>Single</i> occupancy		\$1,345		
Adult <i>Double</i> or Family occupancy		\$1,045		
6 <sup>th</sup> -8 <sup>th</sup> Grade (housed with parents)		\$713		
3 years- 5th Grade (housed with parents)		\$615		
Toddlers, 1-2 years		\$200		
Infants - no organized program		No Cost		
<b>Spruce</b>				
Adult <i>Single</i> occupancy		\$1,324		
Adult <i>Double</i> occupancy		\$1,024		
<b>Inn, Inn Annex (Adults only)</b>				
Annex <i>Single</i> occupancy		\$1,035		
Inn <i>Single</i> occupancy		\$1,230		
Inn <i>Double</i> occupancy		\$930		
<b>Maples (Adults only)</b>				
Adult <i>Single</i> occupancy		\$1,088		
Adult <i>Double</i> occupancy		\$788		
<b>Family Housing (Cedars, Firs, Madrona)</b>				
Adult <i>Double</i> occupancy		\$788		
6 <sup>th</sup> -8 <sup>th</sup> Grade (housed with parents)		\$620		
3 years-5th Grade (housed with parents)		\$528		
Toddlers, 1-2 years		\$200		
Infants - no organized program		No Cost		
<b>Teen Housing</b> (Dedicated housing made available based on registration and staffing) Grades 9-12 in Fall & 2026 graduates		\$735		
<b>Next Thought Group</b>				
18-35 years		\$600		
<b>Offsite</b>		\$550		
		<b>Total</b>		



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

	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						

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.

Gender information is used to help assigning roommates when requested, or for teen housing arrangements.

### Room Selections

- I am registering as a Single \_\_\_\_ or Assign me a roommate please \_\_\_\_\_. (Note: We will place individual adults in rooms with other campers of the same gender and families in shared housing.)
- Preferred Roommate: \_\_\_\_\_
- Do you prefer (check one) \_\_\_\_\_ "Up Late at Night" roomie \_\_\_\_\_ "Quiet by ten" roomie
- Are you a light sleeper? ( ) yes ( ) no. A snorer? ( ) yes ( ) no

**CLEANING FEE.** By signing this registration form, I agree to accept my room in its state of cleanliness upon my arrival and agree to return the room in the same condition or better or pay a \$50 cleaning fee.

### **Other Accommodations:**

**What is your dietary request (check all that apply)?**

Guest 1	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free
Guest 2	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free
Guest 3	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free
Guest 4	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free
Guest 5	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free
Guest 6	<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> 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: \_\_\_\_\_

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## Seabeck 2026 Registration August 16-22, 2026

### Payment Information

**Full payment is required to secure your room placement.**

### **Deferred Payments**

If you are using the deferred payment option, please note the following

- A **\$200 nonrefundable deposit per person** (adults and youth) is required at the time of registration.
- This deposit applies to **both full-week and half-week** registrations.
- **No registration or room request** will be processed without the deposit.
- If registering **after** a scheduled installment due date, you must include the **missed installment** along with your deposit.
- Your **room request will be released** if the first installment is not received by its due date.
- Room request are **subject to release or cancellation** if full payment is not received by the final due date.
- **No refunds after June 28, 2026**, except in the case of a **personal medical emergency**.

### **Deferred Payment Plan Schedule**

- **\$200 deposit per person** - due at registration
- **1st installment (1/3 of remaining balance)** - Due by March 29, 2026
- **2nd installment** (additional 1/3) - due by May 24, 2026
- Final payment - Due July 19, 2026

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Seabeck 2026 Registration August 16-22, 2026

**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.*

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### **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.



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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:** \_\_\_\_\_

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**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_



## Seabeck 2026 Registration August 16-22, 2026

### Payment Information

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**Make checks payable to:**

Center for Spiritual Living  
6318 Linden Ave. N  
Seattle, WA 98103

Contact:

Phone: (206) 527-8801 ext. 5101

Email: [registrar@spiritualliving.org](mailto:registrar@spiritualliving.org)

**Additional payment methods:**

- **Online:** Use the Donate button on the website. Include **Seabeck26** in the comment section
  - **Venmo:** Search **@CSLSeattle** (appears under Charities). Include **Seabeck 26** in the comment section
  - **In Person:** Stop by the **Registration Desk in the Lobby** to make your payment directly.
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**Deposit Received:** \$ \_\_\_\_\_ **Paid by:** *cash* \_\_\_\_ *check#* \_\_\_\_\_

*MC or Visa #* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *exp* \_\_\_\_ / \_\_\_\_ *Sec code* \_\_\_\_ *Billing Zip Code* \_\_\_\_\_

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