

Please read this document carefully and in its entirety before signing. By signing, you acknowledge that you have read, understood, and voluntarily accepted all terms set forth herein.

About

Zhen is a developing philosophy rooted in the understanding that genuine inner transformation is upstream of the changes the world most needs. Zhen Institute is the organizational expression of this philosophy. Zhen Institute programs such as retreats are immersive, carefully held experiences designed within a living research framework. Each retreat draws from the integrated body of Zhen philosophy — Daoist cultivation and inner alchemy, Buddhist wisdom and dharmic practice, indigenous ceremonial lineages, somatic and contemplative traditions, psychology and neuroscience, and the emerging field of consciousness science. The specific container of each gathering is shaped by this foundation and adapted to the needs of those present. This waiver exists because genuine care requires honesty, clarity, and mutual responsibility. It protects both the Participant and the Organization, and reflects the seriousness with which we hold this work.

The work asks something of you. It invites genuine depth, and that depth can move things — old memory, unexpected insight, deep emotion, profound beauty. The Participant acknowledges understanding of this nature and affirms that participation is entered into freely and of their own volition.

Accuracy of Disclosed Information

The Participant has completed a pre-retreat intake form. The information disclosed therein is incorporated by reference into this waiver. The Participant affirms that all information provided is truthful, accurate, and complete to the best of their knowledge, and that no material information regarding physical or mental health has been withheld. Should any relevant circumstances change between submission of the intake form and the commencement of the retreat, including new medications, a health event, or a significant change in mental or emotional status, the Participant agrees to notify the Organization prior to arrival.

Personal Responsibility and Medical Authorization

The Participant assumes full responsibility for their own health, safety, and wellbeing throughout the retreat. The Participant acknowledges that Zhen Institute, its facilitators, hosts, and staff (collectively, the "Organization") serve as guides and holders of sacred space. The Organization does not provide medical care, psychiatric services, or emergency response, and assumes no responsibility for the Participant's physical or mental health.

The Participant accepts responsibility for any medical costs or expenses arising from participation. In the event of a medical emergency, the Participant authorizes the Organization to contact emergency services and facilitate medical assistance on their behalf. The Participant assumes full financial responsibility for any costs so incurred.

The Participant is encouraged to maintain appropriate health coverage prior to attending.

Sacred Sacramental Practice and Religious Sincerity

Zhen Institute is organized and operates as a religious nonprofit organization. Its retreats are expressions of a living spiritual lineage rooted in Daoist tradition, Buddhist wisdom, and sacred ceremony.

Certain gatherings within the Zhen Institute community may include the ceremonial use of sacred plant sacraments as an integral and sincere expression of the Organization's religious practice. Where sacramental practice is present, the Participant acknowledges and affirms the following:

(a) Sacred plant sacraments offered within Zhen Institute's ceremonial context are received as gifts of the earth within a living spiritual tradition. Their use constitutes a sincere expression of religious practice, held within a lineage of sacred use intended for spiritual growth, healing, and conscious evolution. At no time are sacraments sold, purchased, commercially distributed, or offered for recreational purposes.

(b) Any financial contributions made by the Participant to Zhen Institute are directed solely toward facilitation, ceremonial preparation, integration support, and the operational functions of the Organization. No contribution constitutes payment for any substance.

(c) Participation in any sacramental element of a gathering is entirely voluntary. The Participant affirms that engagement in any such practice is entered into freely, with full awareness of its nature, and that the Participant assumes complete personal responsibility for their engagement.



(d) The Participant affirms that all relevant health information has been disclosed in the intake form and agrees to inform the Organization of any medications or health conditions relevant to sacramental participation prior to the commencement of any such practice.

Release of Liability and Indemnification

In consideration of permission to participate in this retreat, the Participant, on behalf of themselves, their heirs, executors, administrators, and assigns, hereby releases, waives, discharges, and holds harmless Zhen Institute, its founders, facilitators, hosts, property owners, volunteers, and associated partners (collectively, the "Released Parties") from any and all claims, liabilities, damages, losses, costs, or expenses, arising out of or in connection with the Participant's participation in the retreat, to the fullest extent permitted by applicable law.

This release encompasses participation in ceremonial practice, sacramental offerings where present, and the general conditions of communal retreat life.

The Participant further agrees to indemnify and hold harmless the Released Parties from any and all third-party claims, demands, damages, or expenses arising from the Participant's own conduct during or after the retreat.

Confidentiality

The Participant agrees to hold in strict confidence all information shared by other participants, whether in ceremony, conversation, or any other context within the retreat container. This obligation extends beyond the duration of the retreat.

The Participant agrees to refrain from photographing, recording, or disclosing the words, image, or experience of any other participant without their explicit written consent.

Confidentiality further extends to the specific practices, methodologies, structures, and proprietary elements of the Zhen Institute experience. The Participant is free to share their own journey. The Participant agrees to protect all that belongs to others and to the collective.

Governing Law and General Provisions

This waiver is entered into voluntarily and in good faith. It shall be governed by and construed in accordance with the laws of the jurisdiction in which the retreat takes place, without regard to conflict of laws principles.



Should any provision of this waiver be found invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect.

This waiver constitutes the entire understanding between the Participant and Zhen Institute with respect to the matters described herein and supersedes any prior or contemporaneous agreements or understandings relating to the same subject matter.

Participant Acknowledgment and Signature

Read each statement carefully. By initialing, you affirm each item individually. By signing below, you affirm all.

_____ I have read this waiver in its entirety and understand its terms.

_____ I am participating voluntarily, with full awareness of the nature of this experience.

_____ All information disclosed in my intake form is truthful and complete. Should anything have changed, I will notify the Organization prior to arrival.

_____ I understand that sacramental practice, where present, constitutes sincere religious observance within Zhen Institute, offered in a non-commercial context, and I affirm the terms set forth in Section 4.

_____ I assume full responsibility for my own health, safety, and any costs arising from my participation.

_____ I will hold in confidence all information shared by other participants, during and after the retreat.

_____ I understand that this retreat is a spiritual and transformational experience. I maintain my own professional medical and mental health care independently.

_____ Full legal name

_____ Signature

_____ Date

Address: _____

City and country: _____

Phone: _____

Emergency contact

(name, relationship, phone) _____





PARTICIPANT WAIVER AND RELEASE