

lease read carefully the document below and give your consent by your signature. This is a precondition to your participation at our Temple's programs. (henceforth: 'Program'). (Full name and address of the host: Original Light Zen Temple a.k.a. Eredeti Fény Zen Templom, (2500 Esztergom, Búbosbanka u. 61, henceforth: 'Temple').

## Waiver of Liability

I hereby acknowledge that I have received full disclosure and exhaustive verbal instructions on each and every part of the Program including the work period. I have read the Temple Rules and other conditions of my participation at the Program. I have had ample opportunity to discuss said information and ask any questions if need be. I consent to my own participation at the Program, which is completely voluntary. I have a clear understanding that I can withdraw my consent at any time, which results in terminating my participation at the Program. I agree to bring such intent to the knowledge of the Temple officials at least 6 hours prior to my intended departure.

I accept that during my participation I may experience such states of mind or external effects, or impulses from other participants that may prompt untypical or unexpected reactions from me. Using all the opportunities given in the Program schedule, I shall give feedback towards the Temple officials immediately upon sensing any such states of mind or external effects or human impulses. I am participating at the Program at my own responsibility, I shall not hold the Temple as an organization or its residents liable for any physical or mental state that I experience during the Program.

I have understood that during the work period I will be using tools/utensils capable of causing human injury. I shall do everything in my power to avoid causing or sustaining any such injury not just during work period but during my entire stay at the Temple. I have heard and understood all pertaining instructions and declare that I shall follow them to the best of my abilities. I take legal and financial responsibility for any damage I may cause. I shall not hold the Temple as an organization or its residents liable for any injury that I may sustain during my stay at the Temple.

I am aware that the Program includes medical preconditions and prohibitions. The Program does not stand for any medical care. I declare that I am not subject to any of the preclusion factors listed below, and I have not received any medical advice not to participate at the Program. I consent that the Temple notifies my emergency contact if my physical and/or mental state makes that necessary.

Precluding factors to participating at the Program (You cannot participate at the program if you have any of the following conditions):

1. Taking any psychoactive medication: sleeping pills, strong pain killers including opiates, sedatives, anti-depressants, or any other substance with serotonin re-uptake inhibitors)
2. Ongoing psychotherapeutic treatment
3. Any use of controlled substances, commonly called 'drugs'
4. Use of alcohol and tobacco
5. Epilepsy, neural disorder, partial dysfunctionality of the nervous system
6. Chronic heart problems
7. Open wounds or infectious disease
8. Suicidal tendencies
9. Chronic vertigo
10. Behavioral disorder

Relative counterindications (You may participate at the program if you have any of the following conditions, but it is not advised):

- constant cough and/or symptoms of flue, bronchitis or pneumonia
- light heart condition, lingering chest pain
- surgery in the last 3 months
- strong individual tendencies, difficulty to adjust to a human group

I have read and understood all the above, accept and sign it along with my application. I am aware that the Temple is not liable for any human interactions and/or interpersonal problems and if I break the rules of the Program. I declare that the information below is correct and was personally filled out by me upon request by the Temple, if any of the above eventualities should come to pass:

Dátum: 2019. ....month .....day

Applicants name: .....

Applicants signature: .....

Phone number and email address: .....

ID number: .....

Address: .....

The name, phone number and email address of the contact person: .....