

This Mindful Life Silent Practice Session: Terms & Conditions and Enrolment Form

Terms and Conditions for Mindfulness Meditation Guided Silent Practice Session

By attending this practice session you are agreeing to the following terms and conditions:

- Switch your phone off or onto silent/flight mode at the start of the session
- Please respect the privacy of your fellow attendees and adopt a confidentiality attitude of 'what is disclosed in the session stays in the session.'
- Please try, as best you can, to let go of your story during inquiry/sharing and work with what's here now.
- If you have any doubts or concerns please discuss with the session facilitator.
- In the event that you fail to attend the session or leave early, fees are non-refundable.
- It is your responsibility to inform the facilitator of any physical impairment or health issues that may affect your ability to meditate or participate in the session.
- It is your responsibility to ensure you do not over stretch or do any movement that may cause you physical harm or discomfort.
- If you have any doubts about whether you can participate in the session, which does involve some gentle movement, please consult your GP or therapist prior to attending the session.
- If any movement or meditation feels wrong: please stop, don't feel you have to participate. Do feel free to discuss any concerns with the facilitator before the session.
- Remember there's no wrong way to meditate! Try the practices as best you can in a spirit of open curiosity.

In summary: I agree to the above terms and conditions. I agree to give meditation a go during the session, look after my body and participate as best I can comfortably manage.

Name: _____

Signed: _____

Date: _____

Facilitator: _____

www.thismindfullife.net

thismindfullife@yahoo.co.uk

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Participant enrolment details

Name: _____

Email: _____ Age: _____

Do you give permission for me to contact you via email with information about future courses/events? _____

Do you have any physical or mental health conditions?

Do you have any back problems or mobility issues that might prevent you from meditating, stretching, sitting, doing gentle movement or safely exiting the building?

Is there anything else you'd like to share?

What do you hope to get from attending this session?

How did you hear about the session?

I declare the above information to be correct. I understand it is my responsibility to inform the facilitator of any health conditions that might affect my ability to sit, stretch, meditate, participate, move or exit the building in the event of a fire.

Sign: _____

Date: _____

Please complete at the end of the session:

Did you get what you hoped you would from the session?

Any other feedback you'd like to give?

Can I use your anonymised feedback on my website?