

STATUE FILLING & CONSECRATION REQUEST

Please complete this form and drop-off your statues requiring proper filling at our administrative office downstairs during one of the following days and times:

Mondays, Tuesdays and Wednesdays (4:00 pm – 6:30 pm) **Drop-off Deadline: Sunday, November 4, 2018**
(10:00 am to Noon)

Drop-off Date: _____

Name: _____

Address: _____ City/State/Zip: _____

Day Phone #: (____) _____ Alt. Phone #: (____) _____ (Cell / Home / Work)

Email Address: _____ Member: Yes No

Fees:	<u>Items</u>	<u>Members</u>	<u>Non-members</u>
	Statues 6.01" to 9" H	\$80	\$95
	Statues 9.01" to 12" H	\$105	\$125
	Statues 12.01" to 18" H	\$155	\$180
	Statues less than 6"H	By Donation	

Note: Only hollow statues may be filled. All statues sent in for filling must have a removable covering base plate or stopper to keep the consecration materials inside.

Item No.	Type of Item (Check one per line)		Description of Item	Fee	Ticket Assigned (Office Use)
	Statue	Stupa			
1				\$	
2					
3					
4					

Please use separate sheet for more items.

TOTAL \$ _____

Payment: Cash Check No. _____ MC Visa Disc

(Make checks payable to Drepung Loseling Monastery, Inc.)

Credit Card Number: _____ Expires: _____

Name on Card: _____ Card ID: _____
Last 3 digits on back of card

Authorizing Signature: _____

Credit Card Billing Address: _____
(If different from above address)

Office Use only:

Date Received: _____ Received By: _____ Amount Received: \$ _____

Pick-up Date: _____ Pick-up By: _____ Signature: _____

Notes: _____

RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the Consecration (Rab ne) Preparation and Consecration (Rab ne) Ceremony (hereinafter called "Event"), I, for personal representation, my heirs, next of kin, and myself:

1. ACKNOWLEDGE, agree and represent that my execution of this Waiver and Release is a prerequisite for participation in the Event. I further understand that there are risks inherent in participation for the event.
2. ACKNOWLEDGE that in order to participate in the Event, I agree to assume all risks and to release and hold harmless forever Drepung Loseling Monastery, Inc., Drepung Loseling Monastery, and their Board of Directors, officers, administrators, agents, employees, assigns, successors in interest and volunteers (hereinafter called "Releasees") where the Event takes place.
3. HEREBY agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost, including court and attorney fees, that may incur arising out of or related to the Events whether caused by the negligence of the Releasees or otherwise.
4. HEREBY assume full responsibility for any risk of property damage arising out of or related to the Event whether caused by the negligence of Releasees or otherwise.
5. HEREBY agree that there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time and fully accept and assume all such risks and all such responsibility for losses, costs and damages that may occur as a result of participation in the Event.
6. HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia in which the Event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Name _____
Please Print

Signature _____ Date _____

Witness Name _____
Please Print

Signature _____ Date _____