

Hidden Valley Zen Center

Application for Sesshin

Sesshin Dates: Beginning _____ Ending _____

Full Time _____ days

Part Time

Section 1 (4:20 a.m. - 7:00 a.m.)

Section 2 (7:30 a.m. - 11:00 a.m.) *

Section 3 (1:00 p.m. - 4:15 p.m.)

Section 4 (5:30 p.m. - 9:00 p.m.)

*This part of schedule may vary for work
sesshin; please check with HVZC

Name _____ Phone (h) _____ (w) _____ (c) _____

Mailing Address _____ email _____

Present Occupation _____ Birthdate _____

Emergency Contact _____ Relationship _____

Contact Telephone (day) _____ (night) _____

PLEASE ANSWER ALL QUESTIONS IN DETAIL, INCLUDING THOSE RELATING TO MEDICAL CONDITIONS:

1. Have you ever attended a sesshin conducted by Mitra-roshi or Sozui-sensei? If, so, how long was it and with whom?
2. In the last 12 months, have you applied to a sesshin conducted by Mitra-sensei for which you have not been accepted? If so, which?
3. Which sesshins have you attended in the last 12 months? Please list by month, location, and length of sesshin and by whom conducted:
4. If you have not attended sesshin in the last 12 months, when, where, and under whom was the last sesshin you attended, and how long was it?

PLEASE ENCLOSE the following **IN FULL**: **1-day sesshin**: \$50 (member)/\$75 (non-member). **2-day sesshin**: \$100(member)/\$125 (non-member). **4-day sesshin**: \$200 (member)/\$225 (non-member). **5-day sesshin**: \$250 (member)/\$275 (non-member). **7-day sesshin**: \$350 (member)/\$375 (non-member). **Per section**: \$15 (member)/\$20 (non-member).

CANCELLATIONS prior to 7 days before sesshin will receive full refund; cancellation prior to the day BEFORE sesshin will receive half refund; cancellations the day of sesshin receive no refund.

ACCEPTANCES: Please call the Center at 760-591-9893 the day after sesshin applications are due (see Oak Tree in the Garden for these dates), to find out whether or not you have been accepted for sesshin. Sesshin is open to attendance only by those who have been accepted.

IF ACCEPTED: please bring loose-fitting, plain, dark clothing for zazen and exercise, as well as clothes, shoes and gloves for outdoor work. Shorts and tank tops are not acceptable. Easily slipped-on shoes are helpful, as shoes are removed when entering the buildings. Please also bring a sleeping bag or blankets, pillow, towel and washcloth, and essential toiletries.

PLEASE TURN OVER

MEDICAL INFORMATION: Please answer the following questions in detail, **regardless of whether you have done so for a previous sesshin**. If necessary, attach additional paper to answer questions. The purpose of this medical information is to help determine whether attendance at sesshin will in any way aggravate a serious physical or mental condition, endanger an applicant's health, or affect the smooth functioning of sesshin. For this reason it is extremely important that all information be current, specific, and clearly stated, in regard to both active and inactive conditions. **This medical information is solely for the teacher and officers and will be kept strictly confidential.**

1. Briefly describe any medical or psychiatric conditions you have that require regular care or medication.
2. List any hospitalizations or major surgeries you have had in the past 5 years; also list any major organs missing.
3. List any medications you are currently taking under a doctor's prescription, the reasons for their use and dosage.
4. Describe any **significant** problems you are having with your back or legs.
5. Describe any other condition bearing on your physical or mental state, such as pregnancy, current infections, communicable diseases, or chronic headaches.
6. Are you in psychotherapy at this time?
7. Please list any **serious** dietary restrictions or food allergies. (All food at Hidden Valley Zen Center, including during sesshin, is vegetarian)
8. Describe any other significant allergies.
9. Have you ever attempted to take your life?

PLEASE NOTIFY THE TEACHER OF ANY MEDICAL CONDITIONS THAT ARISE AFTER YOU HAVE SUBMITTED THIS APPLICATION. If there are any pressing circumstances in your daily life (such as difficulty arranging time off from work) that would prevent you from applying to another upcoming sesshin, please explain below in detail, attaching additional paper if necessary.

By signing this application, I agree as follows:

1. I will finish the entire sesshin or portion of sesshin for which I have been accepted.
2. **WAIVER OF LIABILITY:** I understand that sesshin is a period of very intense traditional Zen training, involving some 10 or more hours of formal meditation per day, during which participants may be struck periodically with the keisaku (encouragement stick). In accordance with this understanding and in consideration for the Center's accepting me to sesshin, I agree that neither the Hidden Valley Zen Center nor any of its employees, trustees, trainees, or teachers, nor any person acting as jikijitsu or otherwise supervising, overseeing, or conducting any aspect of sesshin, shall be liable to me or to any other person for any loss or injury suffered by me in connection with my participation in sesshin, whether or not such loss or injury is caused by any act or omission of the Center or of any of the persons specified above.

Signature _____ Date _____

Please return this application to: Hidden Valley Zen Center, P.O. Box 1355

San Marcos, CA 92079-2355
760-591-9893