



## Windhorse Zen Community

580 Panther Branch Road, Alexander, NC 28701  
828-645-8001; e-mail windhorsezencommunity@att.net

Application for (month) \_\_\_\_\_ sesshin in (location) \_\_\_\_\_  
Full Time: \_\_\_\_\_ days Part Time: \_\_\_\_\_ sections  
Name \_\_\_\_\_ Phone (H) ( \_\_\_\_ ) \_\_\_\_\_ (W) ( \_\_\_\_ ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (H) ( \_\_\_\_ ) \_\_\_\_\_ (W) ( \_\_\_\_ ) \_\_\_\_\_

**MEDICAL INFORMATION:** See Page 2. All applications for sesshin need to include this information.

**SESSHIN COSTS:** Please enclose a check with your application. Suggested payment for sesshin is based on a cost of \$40.00 per day. \$35.00 per day for members.

**CLOTHING:** In addition to a robe, please bring dark or solid-colored clothing for use during the work period, and a set of loose pants or shorts and a plain shirt or blouse for use during the exercise period. Participants are asked to avoid wearing bright or patterned clothing during sesshin.

By signing this application, I agree as follows:

- (1) I will finish the entire sesshin or portion of sesshin for which I have applied.
- (2) **WAIVER OF LIABILITY:** I understand that sesshin is a period of intense traditional Zen training involving some 10 hours of formal meditation per day during which participants may be struck with the kyosaku (encouragement stick). In accordance with this understanding and in consideration for my being accepted to sesshin, I agree that neither Windhorse Zen Community nor any of its officers or trustees—nor any person acting as sesshin monitor, or overseeing any aspect of sesshin—shall be liable 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 Windhorse Community or of any of the persons specified above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Windhorse Zen Community

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION:** Please answer the following questions in detail, using additional paper if necessary. The purpose of this medical information is to help determine whether attendance at sesshin might adversely affect an applicant's health. It also helps those conducting sesshin to be aware of physical and mental conditions that may require special consideration. For this reason it is vital that all information be current and specific in regard to both active and inactive conditions. This medical information is solely for the teachers' and monitor's reference. (If for some reason you must speak privately with one of the teacher's, this can also be arranged.)

1. Briefly describe any medical or psychiatric conditions you have that require regular care or medication. \_\_\_\_\_

2. List any medications you are currently taking under a doctor's prescription, and the reasons for their use. \_\_\_\_\_

3. List any major surgeries you have had in the past 5 years; also list any major organs missing. \_\_\_\_\_

4. List any hospitalizations or institutionalizations (for any reason, or for any length of time). \_\_\_\_\_

5. Describe any significant problems you are having with your back, neck, or legs.  
\_\_\_\_\_

6. Describe any other physical or mental conditions that may affect you or others in sesshin, such as pregnancy or menstrual problems, chronic headaches, or current illnesses. \_\_\_\_\_

7. Are you in psychotherapy at this time? yes\_\_\_ no\_\_\_

8. Describe any dietary considerations that might affect your sesshin. If you have food allergies, please give some indication of their seriousness. \_\_\_\_\_

9. Describe any other allergies (including allergic reactions to drugs). \_\_\_\_\_

Please also notify us of any medical conditions that arise after you have submitted this application.