



MOUNTAIN GATE TEMPLE
SESSHIN APPLICATION

Please Note: Sesshin begins at 7 pm Opening Night and ends with breakfast the morning after the final day's night.

PLEASE PRINT CLEARLY

Email _____

Application for Sesshin _____ Full Time _____ Part Time _____ Sections? _____

Name _____ Phones (h) _____ (w) _____

Mailing Address _____

Present Occupation _____ Birthdate _____

Emergency Contact _____ Relationship _____

Emergency phones: (day) _____ (night) _____

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

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

*The sesshin fee is \$300 for a 7-day sesshin, or \$45 per day for attendance at any shorter sesshin, whether attending in person or by Zoom. Dana for the teacher is optional but deeply appreciated (she receives no income from Mountain Gate), and additional donations to Mountain Gate are gratefully received; Mountain Gate subsists entirely on such gifts. **In order for this application to be considered, a deposit of \$75 must be enclosed with the application; the balance (cash or check only) is due BEFORE the beginning of sesshin.** Dana is normally offered at the end of sesshin or at the end of one's participation in the sesshin if one is coming part time.*

Cancellations PRIOR TO seven days before sesshin will receive full refund; cancellation AFTER 7 DAYS BEFORE sesshin will receive no refund.

*Acceptances: Please call Mountain Gate [505-218-7836] the day after sesshin applications are due (see **The Mountain Gate Journal** for these dates), to find out whether or not you have been accepted for sesshin. If you are unable to call yourself, please have someone call for you.*

(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 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, and the reasons for their use.
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 served at Mountain Gate, including that served 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.

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. In accordance with this understanding and in consideration for Mountain Gate's accepting me to sesshin, I agree that neither Mountain Gate nor any of its employees, officers, trustees, or trainees—nor any person acting as sesshin officer 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 of omission of Mountain Gate or of any other persons specified above.

Signature.....Date.....

Please return this application to Mountain Gate

telephone: 505-218-7836

124 County Rd 73, Ojo Sarco NM 87521