



Self Retreat Application

Address: 361 State Route 23, Claverack, NY 12513

Tel: 518.851.2581 **E-mail:** info@wondharmacenter.org

Website: www.wondharmacenter.org

Thank you for your interest in the **Won Dharma Center Self Retreat Program**.

Please complete this form below and return it by email, or regular mail.

Retreat Dates

Check- in begins at 3 pm / check-out from room by 11 am. Please stay for lunch at 12 pm.

***Early Check-in with lunch :** If you would like to check in early please contact us.

Additional donation of \$20 is appreciated if you check in early and join us for lunch at 12 pm.

Arrival Date: _____ approx. time: _____

Departure Date: _____ approx. time: _____

Room Type:

Single

Double

Quad Room (only available for the group of 3 people or more)

How did you hear about the Won Dharma Center? (Circle all that apply)

_____ Won Dharma Center website

_____ Shambhala Sun magazine

_____ Social networks e.g. Facebook

_____ Email from the Won Dharma Center

_____ Friends or fellow practitioners

_____ Won Buddhist Temples

_____ Flyers, brochures, or postcards

_____ Advertisements in local newspapers, etc

Personal Information (Please print)

Name _____

Today's Date _____

Address _____

City, State _____

Zip Code _____

Country _____

Phone (Day) _____

Phone (Evening) _____

Date of Birth _____

M ____ **F** ____

Email _____

Motivation in Applying for Self Retreat

What are your expectations of your stay here?

Individual Meditation Instruction/Interview with the teacher

Our reverends offer hour-long interview/individualized instruction to anyone who wants to learn how to meditate and the Won Buddhist teachings. Do you want an individual interview with the teacher? (suggested donation: \$25)

Yes

No

Practice History

Do you have any experience with Buddhist practices? Y _____ N _____

How many years have you been practicing? Any particular type of Buddhist Tradition?

Health and Diet

Please rate your physical health (circle one: good/fair/poor) and briefly describe any current physical problems or allergies that you feel the WDC staff should know about: _____

Do you have any dietary restrictions and/or food allergies?

Have you ever eaten Korean food? _____ never _____ sometimes _____ often

Volunteering

Would you like to volunteer to help while you are staying here?

Please check your interests:

PROGRAMS/SPECIAL EVENTS

_____ Set up/Clean up

_____ Audio/Video/Photo Support

_____ Registration

_____ Office Support

KITCHEN

_____ Meal Prep & Clean Up

_____ Special Events food prep, as needed.

FACILITIES

_____ Gardening/Planting/Weeding

_____ Carpentry/Construction

_____ Housekeeping

_____ Building Maintenance/Painting

_____ Trail Maintenance

COMMUNICATIONS

_____ Editing/Proofreading

_____ Marketing/Flyer Distribution

Emergency Contact

Name _____ Relationship _____

Phone number _____ City/State/Country _____

LIABILITY WAIVER

I acknowledge that I have voluntarily applied to temporarily reside in a guestroom on the premises of the Won Dharma Center, 361 State Route 23, Claverack, NY, 12513, from ____ / ____ / ____ to ____ / ____ / ____.

ASSUMPTION OF RISK

I am fully aware that there are risks associated with hiking in a rural setting such as contact with poison oak and wildlife. I have full knowledge of the risks involved and agree to accept any risk that arises as a result of my residence at the Won Dharma Center.

RELEASE

As consideration for WDC allowing me to reside in and use their facilities, I hereby agree that neither I, nor anyone acting on my behalf will make a claim against, sue or otherwise find fault with the property of WDC, its affiliates, employees, or volunteers or any of its affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee of WDC, or any of its affiliated organizations, as a result of my residency. I release WDC from all actions, claims or demands that I, or anyone acting on my behalf, may have for injuries or damages I incur during my residency.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and WDC and its affiliated organizations. I sign it of my own free will.

Printed Name

Date

Signature