

Application form

Chan Meditation Retreat

September 26th – October 2nd, 2019

I apply for the Chan retreat with Chang
She (Hildi Thalmann)

Name		Phone number	
Address		Cell phone number	
		E-mail	
		Sex	M / F X
		Birth date	
Name and phone no. of person to be contacted in case of emergency, e.g. illness			

I hereby declare that I am participating in the retreat at my own responsibility and that I will not hold Chan-Bern liable for any potential illness or accidents suffered by me during the retreat. I commit to respect the retreat guidelines and schedule. I have examined the list of health problems below and I declare that I do not suffer from ailments that could hinder my participation.

Date/Signature: _____

If you have any health problems, **especially those mentioned below**, or if you are taking medication that may affect you during the retreat, please describe them on a separate sheet and enclose this with your application.

Health problems that could hinder my participation in the retreat:

1. Back ailments and similar problems (e.g. strong back pains) making it difficult to maintain an upright posture
2. Ailments of the legs, hip joints or knees
3. High or low blood pressure
4. Heart problems
5. Serious surgery undergone directly before the retreat
6. Allergies
7. Contagious diseases
8. Serious emotional or mental disorders
9. Headaches, vertigo, heart palpitations, short breath, experienced during meditation or caused by it

If you have special dietary needs due to health issues, please describe these as well.

Previous meditation experience

How long have you been practicing meditation? In which tradition?

Do you practice meditation regularly?

Which meditation method?

Have you participated in retreats? Please list dates of retreats attended in the last years:

Guiding teacher's name:

Please send your application to:

Hildi Thalmann, Herrengasse 21, 3011 Bern, Switzerland
Tel. 0041 31 352 2243 or hthalmann@gmx.net