***Chan Retreat “Silent Illumination”***

***in Aisone (Cuneo), Italy***

To participate at this retreat is necessary to complete the following Application Form which will be examine by members of UniDharma Association and wait for a admission confirmation email.

**APPLICATION FORM**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE NAME (IF ANY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITIZENSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROOF OF IDENTITY (PASSPORT OR IDENTITY CARD) Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attach a photocopy of the identity document***

Please answer the following questions:

* Are you a Buddhist?       YES NO
* Do you practice other religions or spiritual traditions?      YES NO
* How long have you been practicing meditation?    MONTHS\_\_\_\_\_\_\_YEARS\_\_\_\_\_\_\_
* How many Chan retreats have you attended? \_\_\_\_\_\_\_
* How many retreats of other Buddhist traditions have you attended?  \_\_\_\_\_\_\_
* Who recommended this retreat to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How did you learn about our Institute and retreat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any physical or psychological health issues that we should be aware of?

YES     NO  (*this information will help us to optimize your experience at the retreat and may involve excluding certain practices that may be harmful to you)*

* During the retreat the teacher may choose to use unusual or unexpected methods, such as loud yelling or striking with the incense board.

do you accept the above?       YES   NO

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_(Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_ (First Name) \_\_\_\_ (Middle Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_/\_\_/\_\_\_\_, proof of identity number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

declare that I will not hold UniDharma Association and the teacher DaXing FaShi legally responsible for any psychological or physical problems that may occur during or as a result of the retreat. Further, I promise:

* to accept the proposed retreat rules and my responsibilities;
* to apply myself to my practice and responsibilities with utmost dedication during the entire retreat;

Insofar as the Law No. 196/2003, of the state of Italy, permits collection and retaining of certain personal information, including demographic data and images,

I hereby

AUTHORIZE

the publication of images of myself (or my child or children), acquired by ASSOCIATION UNIDHARMA during this retreat, for use in publications, brochures, posters, broadcasting, the Internet, and other appropriate media. Insofar as the above law also prohibits the use of collected personal data in contexts that affect personal dignity and decorum, my authorization does not permit the use of images of myself or my children in situations or circumstances that could compromise my/our personal dignity and decorum, or the use of personal data, including images, for purposes other than those listed above.

The / undersigned / confirms no legal claims against ASSOCIATION UNIDHARMA or the teacher DaXing FaShi pertaining to the above-stated authorization, and waives irrevocably any right, action or claim arising out of the above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will pay to cash **Euro 60**  when my request is **accepted** by UniDharma Association. (the price includes meals and accommodations. Transportation costs involved in travel to and from Cuneo and the airport are not included).

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