

# GMZC APPLICATION FORM GREAT HEART RETREAT



From \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

NAME \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

There will be six three-hour meetings for each class. Check the web site [www.gmzc.org](http://www.gmzc.org) for the times and dates of your class.

### FEES

	Member	Non-member
Full-time	\$520	\$675
Retreat Residency (5 days between weekends)	\$40/day	\$50/day

Your deposit is 25% of your fee and is due 2 weeks prior to the class. Payment of class balance must be received in full at start of the first class meeting. If you cancel within 2 weeks of the start of class, all but \$25.00 of your deposit will be returned.

Your total fee for class is \$ \_\_\_\_\_. Your deposit is \$ \_\_\_\_\_.

Participants may find some aspects of the class emotionally challenging. In order to help maintain a safe environment for you and others, we ask the following questions. The following information will be kept confidential.

Do you have any known physical or mental conditions which could affect your ability to participate in the class? \_\_\_ Yes \_\_\_ No. If so, please summarize briefly, and, if applicable, provide the name of your health care practitioner who we may contact in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_

Please list any psychiatric and/or other medications you take on a regular basis, and dosages: \_\_\_\_\_

\_\_\_\_\_

Please list any food, drug or environmental allergies you may have: \_\_\_\_\_

\_\_\_\_\_

Have you ever been in psychotherapy? \_\_\_ If so, when and why? \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for psychiatric treatment? \_\_\_ If so, when and why? \_\_\_\_\_

\_\_\_\_\_

How would you rate your physical health (good, fair or poor)? \_\_\_\_\_

Please provide a brief explanation of your relationships with certain emotions with which you have difficulty (such as anger, sadness, depression, self-hatred, shame, guilt, anxiety, fear). This information will help us to better serve you during this class (if you need extra space, use the back of this application).

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How do you work with conflict (i.e. avoid, ignore, confront, write notes, use conversation, take it personally, etc.)? \_\_\_\_\_

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Why do you want to attend this class? \_\_\_\_\_

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What is your experience with meditation (years, style of practice)? \_\_\_\_\_

What else should we know about you that may come up during this class (i.e. relationship issues, family issues, sexual orientation issues, loss, career transition, sexual, emotional or physical abuse, alcohol abuse, substance abuse, personality disorders, suicidal thoughts, oppressive minority issues, etc.)? \_\_\_\_\_

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In case of accident or serious illness, whom should we notify?

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Reading *The Great Heart Way* by Ilia Shinko Perez and Gerry Shishin Wick is a prerequisite of this class.

RELEASE

Participants of The Great Heart Class may find some aspects of the program mentally or emotionally challenging. I may freely decline to participate in any process that, in my sincere judgment, is dangerous to my health. I realize that I may consult with a teacher from the Center at any time to resolve any difficulties I might have. I will not leave the grounds of the Center during a program without consulting with a teacher.

As a Participant in the Great Heart Class, I understand it is my responsibility to assess my level of psychological stability and to consult with the teachers if I feel I am outside my realm of mental health and functionality.

I understand that this class is not psychotherapy, nor led by psychotherapists. I understand that the leaders of this class may decline to continue my participation in this class if they feel my needs will be better met elsewhere. A partial refund will be given in such a case, unless I did not disclose information about my mental health status relative to my discontinued participation.

I agree to release Great Mountain Zen Center from liability from any injury I suffer and to indemnify Great Mountain Zen Center for any injury to others caused by me. The information I have given is true, to the best of my knowledge.

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

If you are mailing in your payment, please send this application with a check payable to GMZC to:

Great Mountain Zen Center  
1110 Sparta Drive  
Lafayette, CO 80026  
720-890-1800  
[gmzc@gmzc.org](mailto:gmzc@gmzc.org)  
[www.gmzc.org](http://www.gmzc.org)