

# Chamma Ling Cabin Application

P. O. Box 608  
Crestone CO 81131

[Attach photo here](#)

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Application date: \_\_\_\_\_

***Enter your preferred and alternate retreat dates below. Your alternate dates may be assigned if the preferred dates are already filled. Please note the retreat time blocks start at Sunday at noon and end on Saturday at noon.***

Preferred retreat start date: \_\_\_\_\_ Alternate start date: \_\_\_\_\_  
Preferred retreat end date: \_\_\_\_\_ Alternate end date: \_\_\_\_\_

Please describe your retreat plan, including a typical daily practice schedule. Be sure include an hour of caretaking of the retreat center:

From whom have you received instruction for these practices?

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***What level of support do you need for your retreat? Please check the appropriate box.***

**Level 1: The Independent Practitioner**

In this type of retreat, practitioners have open access to the cabins and Chamma Ling land. Retreatants carry in their own supplies and prepare their own meals. Retreatants must be able to carry water, propane and waste to/from our central service area.

**Level 2: The Closed Retreat**

Closed retreats require that the practitioner create a boundary around the retreat cabin, and that the practitioner stay within that boundary for the duration of the retreat.

The Chamma Ling retreat attendant will deliver supplies to the practitioner twice a week, if contracted. Costs for supplies and attendant services are in addition to the cabin rental and will vary according to your needs. The practitioner prepares his or her own meals.

**☐ Level 3: The Dark Retreat**

In a Dark Retreat, the practitioner is sealed inside the cabin for the duration of the retreat. Chamma Ling will provide an attendant to bring food cooked according to the needs of the practitioner as arranged. Dietary needs are to be described in writing at least two weeks before the retreat begins. Supplies delivered as in Level 2. Costs for food and other supplies are in addition to the cabin rental and will vary according to your needs. A senior practitioner will be available for practice questions.

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Please describe attendant services in detail you anticipate during your retreat, including food/supply runs, dark retreat meals, special needs. Note anything else that we should know about your retreat. The attendant contract for extra services should be planned before your check-in date.

***Your Health Information***

Physician: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

Emergency contact information:

    Name: \_\_\_\_\_

    Relationship: \_\_\_\_\_

    Phone number : \_\_\_\_\_

    Alternate number: \_\_\_\_\_

Please describe any health conditions that we should be aware of, including significant medical history, psychiatric history, allergies, and medications taken, including complementary medicine and treatments. Note notification and health treatment preferences in case of emergency:

### **Your practice Biography**

Please write a one page “practice biography” that describes your meditation practices up to this point in your life, and how those motivate you to undertake a retreat now.

Release of Liability

WHEREAS I am about to take part in a retreat on the property of Chamma Ling, P.O. Box 608, Crestone, Colorado at the dates named above, and whereas I am doing so entirely upon my own initiative, risk and responsibility. Therefore in consideration of permission extended to me by Chamma Ling, through its officers and agents, to take part in this program I do hereby, for myself, my heirs, personal representatives and assigns, remise, release and forever discharge Chamma Ling and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or my death, which may occur from any cause during said program or in connection with any activities incidental thereto, and I further do hereby, for myself, my heirs, personal representatives and assigns, remise, release, forever discharge and agree to hold harmless and to indemnify and defend Chamma Ling and all of its officers, agents and employees, acting officially or otherwise, against any action or demand by any of my children, invitees or guests, or by any other person or persons for damages on behalf of such children and to further hold harmless, and indemnify and defend from any and all claims alleged to or caused or resulting from my participation, my acts or omissions, and/or such alleged to or caused by my children, invitees or guests. I further authorize Chamma Ling, its officers, agents and employees to arrange emergency medical care for me should it become necessary to do so in the event of personal injury to me. I agree to be fully responsible for the costs of any such treatment.

\_\_\_\_\_  
applicant signature

\_\_\_\_\_  
date