

Women's Wellness Retreat 2018 Registration Packet

"To Dance With Our Grandmothers"

August 17-19, 2018

Women Age 18 & Over

We thank you for your interest in attending the *"To Dance With Our Grandmothers"* retreat. Women's Wellness is a wonderful opportunity to meet women from Kodiak Island. The retreat is a safe place for women gather, relax, and refuel. It is also an opportunity for women to share life's challenges and triumphs and inspire each other to seek healthy and prosperous lifestyles.

In order to be considered to attend this event you must fill out and return the following:

1) General Information; 2) Waiver and Release of Liability form; 3) Confidentiality Agreement; 4) Consent for Medical Treatment, and 5) Participant Agreement & Travel Policy.

REGISTRATION DEADLINE IS July 6, 2018

The facility allows for a limited number of participants so please turn your registration in as soon as possible. Registrants are chosen on a first-come, first-served basis, with Native and Elder preference. We will maintain a wait-list for those that can fill a spot short notice.

Round trip airfare from the villages to the retreat will be provided. Village participants travel into town the night before the retreat, we will provide lodging. Staff at KANA will arrange airfare and lodging. If for some reason you choose another air carrier or hotel, this will be at your own expense. Once we have received your completed registration, we will contact you to go over logistics and answer any questions you may have.

There are several ways to get the completed forms to KANA:

MAIL TO:	FAX TO:	EMAIL TO:	DROP OFF AT:
KANA	907-486-4829	cassie.keplinger@kodiakhealthcare.org	KANA Community services
ATTN: Cassie Keplinger	ATTN: Cassie Keplinger		Near Island facility at 194
3449 East Rezanof Dr			Alimaq Drive (Near Island)
Kodiak, Alaska 99615			Attn: Cassie Keplinger

If you have any additional questions about the upcoming retreat contact
Cassie Keplinger at 907-486-9882.

This positive event is hosted by the Kodiak Area Native Association, Sun'aq Tribe of Kodiak, and Kodiak Women's Resource and Crisis Center.

FOR OFFICE USE ONLY

Date Received : _____
Time Received : _____
Staff Member : _____

General Information

Name: _____

Address: _____

Phone Number / Cell: _____

Email: _____

Method of contact (Please check one)

Phone

Email

Is this your first time attending the Retreat? ___Yes ___No



2017 Women's Wellness Retreat

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A \$50 registration fee is due with this packet, unless you are applying for a scholarship or you are a village resident over the age of 55. Checking the scholarship box indicates you'd like to be considered to waive registration fee.

Please Check One:

- Check # _____
Name on check: _____
- Cash
- Over the age of 55, *free no registration fee*
- Apply for Scholarship by checking box

Sleeping arrangements – Dorm & Cabin Preference

- Dorm (preference given to Elders & those with mobility issues): Located above the main lodge kitchen. We will make all efforts to ensure Elders are on a bottom bunk.
- Are you a night owl? This will guide us in determining sleeping arrangements.
- Cabin: Located up the hill with steep steps, rustic, heated by woodstove

The retreat location is on beautiful Woody Island at the Baptist Mission's facilities. It is rustic and has limited modern conveniences. The ground is uneven and the dorm rooms and cabins can be damp and chilly. The staff is limited and we ask participants, except Elders and those with physical limitations, to carry their own bags. Additionally, we will assign daily chores to participants that are able to help.

Roommate request: _____

Sweatshirt Size

- Small
- Medium
- Large
- X-Large
- XX Large
- XXX-Large

Sweatshirt Style

- Zipper
- Pull-Over

Due to the fact that some participants cancel at the last minute and others on the wait list are moved up we sometimes **cannot** accommodate your sweatshirt size.

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Participant Agreement and Consent for Medical Treatment

This is to certify that I, the undersigned, hereby consent to and authorize the administration and performance of all needed medical and surgical treatment, as well as the administration of anesthesia as deemed necessary by medical providers due to any routine and/or emergent medical situations that may arise during the duration of the retreat.

Participant's Name

Date of Birth

Address

City, State, Zip

In case of emergency contact:

Name: _____

Relationship : _____

Address: _____

Phone # : _____

Family Doctor: _____

Phone # : _____

Participant's Health and Accident Insurance Company: _____

Policy #: _____

KANA Beneficiary (check if applicable)

List medications being taken or illnesses being treated for:

FOOD ALLERGIES (Please be **SPECIFIC**): If you have special dietary needs we will do our best to accommodate participants. We encourage participants to bring their own supplies, we have space in both the freezer and refrigerator.

Participant's Signature

Date

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Participant Agreement and Consent for Travel Policy: Participants in *"To Dance With Our Grandmothers Women's Retreat"* understand, and hereby agree, that KANA will provide **ALL** transportation to and from Woody Island for the retreat. If weather prohibits travel on any given day, every effort will be made to arrange for transportation at the earliest possible time the weather allows. Personal transportation to or from Woody Island will not be permitted. Participant understands, and agrees to abide by this policy.

Photo Use Consent: I understand that during the course of the retreat activities that pictures and recordings may be made. I hereby give permission for resulting photographs, videos, and audio recordings to be used for promotional purposes in newspapers, press release, on the Women's Wellness partner websites, Facebook and any other media deemed appropriate. I understand that I will receive no compensation for use of these images and recordings.

Waiver and Release of Liability: In consideration of being allowed to participate in the Women's Wellness Retreat 2018, related events and activities, the undersigned:

1. Agrees that the participant should inspect the facilities and equipment to be used and if the participant believes anything is unsafe, she should immediately advise a staff member of such conditions and refuse to use said facility / equipment.
2. Acknowledges and fully understands each participant will engage in activities that may involve risk or injury which might result not only from their own action or negligence, the remote circumstances of the premises, or the equipment used. Furthermore, there may be other risks not known that are not reasonably foreseeable at this time.
3. Assumes all foregoing risks and accepts personal responsibility for damages following such injury, permanent disability or death.
4. Agrees not to sue Women's Wellness retreat partnering agencies or the Kodiak Area Native Association, Sun'aq Tribe of Kodiak, and KWRCC, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organizations, other members/participants, sponsoring agencies, partners, sponsors, advertisers and if applicable owners and lessors of the premises used to conduct the event.

I have read the above waiver and release and understand that I have given up substantial rights by signing it voluntarily.

Name of participant (print)

Signature of participant

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Participant Confidentiality Agreement

I understand and agree that as a participant of the Women's Wellness Retreat, it is in my best interest and the interest of others to keep all personal information regarding anyone attending or working at Women's Wellness Retreat under the strictest of confidence.

This retreat is a place of healing and we ask for participants to practice respect and anonymity. The staff involved has worked very hard to ensure that the Women's Wellness Retreat is a safe place for women to come together and go forward on their own personal journey through healing. In order to keep this retreat a safe and non-judgmental environment everyone must agree to keep personal information about others private.

I understand that sharing personal information about others attending this retreat is a harmful act and goes against the purpose of the Women's Wellness Retreat. I promise to abide by this agreement and keep all information discussed at the retreat confidential.

Printed Name : _____

Signature : _____

Date : _____

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List of Items to Bring

It is very important that you have the following items! We have limited items available to lend, we will have a check-out sheet if you are in need of an item/s. You are welcome to use this page as a checklist.

All clothing, equipment, and luggage **MUST BE LABELED** with the participants name for easy identification. KANA is not responsible for any lost or stolen property. However, we will maintain a lost & found box until September 30th. Items must be claimed by this date.

What to Bring to Camp (Please mark all personal items with your name)

<input type="checkbox"/>	Warm Jacket, sweater
<input type="checkbox"/>	Clothing for 3 days of retreat (T-shirts, jeans, socks, underwear, sweatshirts, etc...)
<input type="checkbox"/>	One pair of boots or hiking shoes
<input type="checkbox"/>	One pair of tennis shoes or walking shoes
<input type="checkbox"/>	Bath towel, hand towel, washcloth
<input type="checkbox"/>	Toothbrush, toothpaste and dental floss
<input type="checkbox"/>	Soap, Shampoo, Conditioner, lotion
<input type="checkbox"/>	Deodorant; comb; brush
<input type="checkbox"/>	Sleeping bag, bottom fitted sheet , pillow / pillow case
<input type="checkbox"/>	Rain Coat / VERY IMPORTANT or an inexpensive rain poncho
<input type="checkbox"/>	Flashlight, small or headlight
<input type="checkbox"/>	Water bottle, we do not provide water bottles

Optional items to bring

The facility dorm rooms and the cabins are CHILLY, please bring a warm blanket. For Elders we have been approved for them to use heated electric blankets.

Sun screen
Books

Insect repellent
Phone charger

Lip balm

Camera