

Signature Self™

Edge of the Field

Creativity Retreat at AP Ranch

Participant Registration Form

1. Participant Information

Full Name:

Preferred Name (if different):

Email Address:

Phone Number:

City / Province:

Occupation (optional):

2. Emergency Contact

Emergency Contact Name:

Relationship:

Phone Number:

3. Your Edge

What is drawing you to Edge of the Field?

(Long response)

What feels like the “edge” for you right now — creatively, personally, or professionally?

(Optional)

I am attending primarily for:

☐ Solitude and reflection

☐ Creative process

☐ Nature immersion

☐ Shared conversation

☐ A balance of solitude and community

4. Participation & Readiness

This retreat includes outdoor walking on ranch land (grass, dirt paths, uneven terrain), expressive arts activities, and periods of quiet reflection.

Please indicate your comfort level:

- ☐ Comfortable with light to moderate walking outdoors
- ☐ Prefer minimal walking
- ☐ Comfortable with hands-on art materials
- ☐ Prefer observational participation
- ☐ Comfortable with optional small group dialogue

Do you have any injuries, health concerns, allergies, or accessibility needs we should be aware of?

Dietary restrictions:

5. Land Acknowledgment & Responsibility

AP Ranch is a working landscape. Participants are asked to:

- Respect fences, animals, and designated areas
 - Wear appropriate footwear
 - Follow facilitator guidance during outdoor activities
- ☐ I understand and agree to participate responsibly on the land.

6. Consent & Scope

- ☐ I understand this retreat is educational and experiential and is not psychotherapy or a substitute for clinical mental health treatment.
- ☐ I accept responsibility for my physical and emotional well-being during the retreat.

☐ I understand that outdoor conditions are variable and participation is voluntary.

7. Media (Optional)

☐ I consent to photographs being used for future retreat promotion.

☐ I prefer not to appear in photographs.

8. Payment & Commitment

☐ I understand my deposit secures my place and is non-refundable.

☐ I understand all remaining payments must be completed prior to the retreat.

☐ If I am unable to attend, I may transfer my registration to another aligned participant with advance notice.

9. Signature

By signing below, I acknowledge that I have read and agree to the above.

Name: _____

Date: _____

We gather at the edge not to perform, but to notice what is already becoming.