



# HEART to HEART

**OASIS Serenity Retreat for Women**  
Grieving the Loss of a Loved One in the Opioid Crisis

**May 20-22, 2022**

**Tuscarora Inn – Mt. Bethel, PA**

**Presented by SPEAK UP for BEN, Inc. in  
partnership with OASIS Community Center**

**♥ Rest ♥ Relax ♥ Refresh ♥**

***Give yourself the gift of connection with “sisters” who understand!***

## **Featuring:**

- Witty & Humorous Speaker: Joanne Clough, J.D. – Bereaved Mom, Grandmother
- Hear many different women share their journeys to serenity
- Participate in...
  - ▶ Creative activities and interactive gatherings
  - ▶ Daily yoga, meditations, and mindfulness
  - ▶ Bonfire, remembrance time, personal self-care time
- Retreat fee includes: 2 nights + 6 meals + 4 gatherings + choice of fun activities
  - ▶ Hotel style accommodations with private bathrooms
  - ▶ Double occupancy room – \$300 per person
  - ▶ Single occupancy room (limited) – \$400 per person
- Complete attached registration form – **closes February 15<sup>th</sup> ... don't delay!!!**
  - ▶ 50% deposit due by Feb. 15th; Balance due by May 1<sup>st</sup>

*Cancellation Policy: Full refund available if canceled (in writing) before February 15<sup>th</sup>. Thereafter, we will do our best to find a replacement for your spot. However, if we are unable to find a replacement, we cannot issue a refund as we are charged the full amount by the retreat center.*

**For itinerary and additional details,  
visit [www.oasisbethlehem.org/serenity-retreat](http://www.oasisbethlehem.org/serenity-retreat).**

[www.oasisbethlehem.org](http://www.oasisbethlehem.org)

484-747-6825

[info@oasisbethlehem.org](mailto:info@oasisbethlehem.org)



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## 🌀 REGISTRATION FORM 🌀

Registration closes February 15, 2022

Email completed form to [info@oasisbethlehem.org](mailto:info@oasisbethlehem.org)

Name: \_\_\_\_\_ County: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Registration Selection:

Double occupancy room  Single occupancy room (*limited first come, first served*)

Roommate Selection for Double Occupancy: See COVID-19 Testing Protocol on page 2

We Assign OR  Your Choice – provide roommate info below

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### Please indicate payment method:

PayPal (account not required; includes credit card option)  
**PayPal or credit card payments must include transaction fees**

Check (payable to Speak Up for Ben, Inc.)

Checks may be mailed or dropped off at OASIS Community Center  
3410 Bath Pike, Bethlehem, PA 18017



Open link to our PayPal account  
by scanning image with your  
smart phone camera

### Please Indicate Amount to Be Remitted:

Registration Fee: \$ \_\_\_\_\_

50% Deposit: \$ \_\_\_\_\_ due by 2/15/2022

Balance Due: \$ \_\_\_\_\_ due by 5/1/2022

Some of our bereaved women may be experiencing financial challenges.

Would you like to help? ♥

Yes, I would like to contribute \$ \_\_\_\_\_ towards a scholarship fund

*Please don't let the cost of this retreat prevent you from attending!  
If you need financial assistance, please contact us... we want to help!  
Send email to [rhonda@oasisbethlehem.org](mailto:rhonda@oasisbethlehem.org).*

**Early registrants get  
priority choice of  
planned activities!**

[first come, first served basis]

*You will receive additional  
information late-February,  
once registration closes.*

**SPEAK UP for BEN, Inc. | OASIS Community Center does not provide clinical or therapeutic support.  
Our HEART to HEART serenity retreat is a non-professional, peer-led weekend.**

**Tell Us About Your Angel(s) ♥ :**

Name/Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sunrise: \_\_\_\_\_ Sunset: \_\_\_\_\_

Name/Nickname: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sunrise: \_\_\_\_\_ Sunset: \_\_\_\_\_

**How did you hear about this retreat? What aspects of this retreat appealed to you?**

**What do you need – i.e., what would you like to experience at this retreat?**

**We welcome your ideas and involvement. Please indicate any way(s) you might like to contribute... e.g., an activity, music, game, etc.**

**COVID-19 Precautions:**

The Tuscarora Inn has COVID cleaning protocols in place to protect staff and guests. Additionally, SPEAK UP for BEN, Inc. | OASIS Community Center is requiring proof of a negative COVID test result upon arrival.

**COVID-19 Testing Protocol:**

**All retreat attendees will be required to have a COVID-19 test 1-3 days prior to arrival and provide proof of negative test result.** Low or no-cost COVID-19 tests are available to everyone in the U.S., including the uninsured, at health centers and select pharmacies. Contact your health care provider or local health department for more information.

**Waiver & Release of COVID-19 Liability:** \_\_\_\_\_ *(please initial)*

I understand that given the contagious nature of COVID-19, the CDC and other public health authorities continue to recommend practicing masking and social distancing where possible.

I understand that SPEAK UP for BEN, Inc. cannot guarantee that I will not become infected with COVID-19. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other attendees.

I voluntarily plan to attend and understand that it is my responsibility to comply with safety protocols in place to prevent or reduce the spread of COVID-19 while attending this retreat.

**Special Diets (medically or allergy restricted):**  **Yes, I require a special diet**

If you require a special diet, Tuscarora will do their best to offer you alternative meals. You will be asked to complete and return a Special Diet Request Form at least two weeks in advance of the retreat.

**Your Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

**Medical Information – in case of emergency, what medical personnel would need to know:**

Do you have any physical conditions (including allergies) we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

**Release of Liability for Medical Treatment:** \_\_\_\_\_ (please initial)

In the event that I may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury, I do hereby give permission for SPEAK UP for Ben, Inc. | OASIS Community Center staff to seek and secure any needed medical attention for me. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission to release the medical information disclosed above to emergency and/or other medical personnel to administer any needed medical treatment and, again, I agree to pay for the medical treatment.

**Waiver & Release of General Liability:** \_\_\_\_\_ (please initial)

I understand that the facilitators of this retreat will not be providing clinical services. I understand that the programs and activities at this retreat are not offered as a substitute for clinical mental health care and are not intended to diagnose, treat, or cure any mental health condition. I understand and agree that I am fully responsible for my own well-being during this retreat, and subsequently my own choices and decisions.

By signing this waiver and release from liability, I waive and release SPEAK UP for BEN, Inc. | OASIS Community Center employees, directors, and volunteers from any and all claims, demands, causes of action, damages, or suits in any way related to or growing out of my attendance at this retreat. This is not intended to release SPEAK UP for BEN, Inc. | OASIS Community Center from any liability resulting from intentional conduct.

**Media Release:** \_\_\_\_\_ (please initial)

I consent to allow photographs to be taken during this event. I understand that SPEAK UP for BEN, Inc. | OASIS Community Center will own rights to and may use this media, in whole or part, in materials such as printed publications, websites, videos, social media, grant proposals, and promotional materials to support our mission and programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Thank you for registering for our retreat!  
We will be in touch with you to select optional activities and will also email your information packet (with final details) in advance.

We are also planning a pre-retreat get-together in April to introduce everyone! ♥♥

