

# OASIS Women's Wellness Retreat

~ *Gathering the Pieces: Finding Hope After Heartbreak* ~



**Saturday, May 2, 2026**

**The Hearth at Heyer's Mill**

For women in the Lehigh Valley service area  
impacted by a loved one's substance use

**Held on a beautiful, private property in Nazareth, Pennsylvania!  
(9 miles north of OASIS)**

## Program 9:00 am to 4:00 pm includes:

- Housemade breakfast, lunch, and refreshments
- Experiential program presented by Lynn Ménard-Kim, MFA, MS, LAPC
- Afternoon creative activities
- Enjoy an optional meditative walk around the pond

## Registration Deadlines & Costs

- Early registration: \$50.00 by April 3, 2026
- Thereafter: \$60.00 (final deadline April 17, 2026)

Learn more about this retreat: [OasisBethlehem.org/Retreats](https://OasisBethlehem.org/Retreats)

Please direct all correspondence to: [info@oasisbethlehem.org](mailto:info@oasisbethlehem.org)

Presented by  
SPEAK UP for BEN, Inc.  
and the  
OASIS Community Center



**Special thanks to our  
← retreat sponsor!**



# OASIS Women's Wellness Retreat ~ May 2, 2026

For women in the Lehigh Valley service area  
impacted by a loved one's substance use

## REGISTRATION FORM

Early registration closes April 3, 2026

Final deadline for all registrations - April 17, 2026

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

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

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

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

### Please indicate registration and payment method:

#### Registration

- Early Registration: \$50.00 (available only until April 3<sup>rd</sup>)
- Regular Registration: \$60.00

#### Payment

- PayPal (*account not required; transaction fee included*)
- Check (*payable to Speak Up for Ben, Inc.*)  
Checks should be delivered to OASIS Community Center  
3410 Bath Pike, Bethlehem, PA 18017



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

**Registration form and full payment is due by April 17, 2026.**

***Final details, including site address, will be emailed the week prior to the retreat.***

---

**Please describe the impact of your loved one's substance use on yourself and family:**

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

Please indicate if you are a vegetarian or have food allergies:

---

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Retreat participants must agree to ALL the following:*

**Release of Liability for Medical Treatment**

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 medical attention needed for me. I give permission to release the medical information disclosed above to emergency and/or other medical personnel to administer any needed medical treatment. I agree to pay all fees and costs associated with obtaining and receiving medical treatment.

**Waiver & Release of General Liability**

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**

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. Your name will not be included.

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

Thank you for registering! We will be in touch with additional details.

