

Serenity Retreat for Women

grieving the loss of a loved one due to substance use

Saturday, May 18, 2024

9:00 am to 7:00 pm

The Hearth at Heyer's Mill

Nazareth, Pennsylvania

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

🌸 for women in the greater Lehigh Valley service area 🌸

A very special full day retreat in a beautiful private location!

Includes

- Breakfast, lunch, and dinner
- The Wisdom Coalition program
- Activities
- Free time to enjoy the natural surroundings
- Closing reflections and remembrance of our loved ones

Very special thanks to
our generous sponsor



OPIOID
EDUCATION FOUNDATION
OF AMERICA

Registration Deadlines & Costs

- Early registration \$100.00 by April 5th
- Thereafter, registration is \$125.00 by April 26th
- Submit retreat registration with full payment

For additional details and to download the registration form,
visit www.oasisbethlehem.org/retreats

Please direct all correspondence to:

oasisccretreat@gmail.com



OASIS Serenity Retreat for Women 🌸 May 18th, 2024

Grieving the Loss of a Loved One in the Opioid Crisis or Other Substance-Related Cause

🌸 a retreat for bereaved women in the Lehigh Valley service area 🌸

🌀 REGISTRATION FORM 🌀

Early registration closes April 5, 2024

Final deadline for all registrations - April 26, 2024

Email completed form to oasisccretreat@gmail.com

Name: _____ County: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

Please indicate registration and payment method:

Registration

- Early Registration: \$100.00 (available only until 03/8/2024)
- Regular Registration: \$125.00

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 26, 2024.

Some of our women may be experiencing financial challenges. Would you like to help? ♥

- Yes, I will include a contribution of \$ _____ towards a retreat 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.

Tell Us About Your Angel(s) ♥:

Name/Nickname: _____ Relationship: _____

Sunrise Date: _____ Sunset Date: _____

Name/Nickname: _____ Relationship: _____

Sunrise Date: _____ Sunset Date: _____

How did you hear about this retreat?

if you have participated in other OASIS programs, please indicate which ones:

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: _____

Event participants must agree to ALL of 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 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 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.

COVID-19 Precautions:

I understand that it is my responsibility to comply with recommended safety protocols to prevent or reduce the spread of COVID-19 while attending this retreat. In the event that I have a known exposure to COVID-19 within 10 days of the event, I will notify OASIS to discuss additional precautions, as needed.

Signature

Date



*Cancellation Policy: Full refund if cancelled (in writing) by May 3, 2024.
If a later cancellation is due to a positive COVID test, a full refund will be issued.*

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

