



Dear Veteran,

We're glad you are interested in attending one of the 2018 MST Women Veterans' Retreats! We hope that this will be a rewarding, powerful, and rejuvenating experience for you.

The MST Women Veterans' Retreat is meant to be an empowering and affirming way to work on issues common to women who have experienced the human impact of a sexual trauma in the military, and are attempting to resume a fulfilling civilian life. It is meant to be a fun and enjoyable experience, and also an opportunity for you to make whatever personal shifts are necessary to recover from the stress of that traumatic event, and move forward into the post-military life that you envision for yourself.

To be eligible, you must have a diagnosis of PTSD related to a MST, and currently be in counseling. If you have a private or VA counselor, you may satisfy this requirement by showing that you have been in at least one counseling session within the last 90 days. What is most important to us is that you are joining the retreat because you have a reason for coming that is personally important to you, and that you are motivated to learn and make shifts in your life. If you sign up and confirm your attendance, we expect you attend as there is a wait list.

Our application process helps ensure that this experience is a good fit for you at this time. Please answer all the questions in the packet as honestly as you can. If possible, please choose a retreat that is nearest to your state of residence. **Please return the following forms as soon as possible, to your VA or private mental health provider.** Returning your application soon will increase your chances of getting in.

- Registration Form
- Medical Form
- Assumption of Risk Form

As soon as your application is accepted we'll send you confirmation via email. Please note on your registration form if you would rather be contacted by phone.

If you have questions about the application, or about the retreat, please feel free to call me at the number below, or email me at [henrietta@wincforall.com](mailto:henrietta@wincforall.com). We are looking forward to spending time with you!

Sincerely,

Henrietta Hadley  
MST Coordinator

*Please return these forms to your counselor, and ask him/her to complete the Counseling Questionnaire, available on the WINC website.*

## Registration Form 2018 MST Women Veterans' Retreat

### Contact Information

Name	Date
Address	
Home Phone	Work or Cell Phone
Email	

Please confirm my acceptance via:      \_\_\_\_\_Email      \_\_\_\_\_Phone

Are you able to attend a 5 day retreat?  
\_\_\_\_\_ Ludington, MI Nov 1-Nov 6, 2018

### Emergency Contact

Name	Relationship to you
Home Phone	Work or Cell Phone
Email	

### Please answer the following questions.

Were you ever deployed? Where were you deployed? For approximately what dates?

In which branch of the military did you serve?

Are you currently in counseling? Is your counselor with VA, or is she/he a private therapist? How long have you been in counseling?

What are your personal intentions or hopes for this retreat?

Please tell us how your military experiences are currently affecting your life.

Have you been diagnosed with, or do you believe you suffer from, PTSD? If so, what are your symptoms?

Have you experienced Military Sexual Trauma (MST)? If so when?

What are you most looking forward to about this retreat?

Is there anything that gives you apprehension or concern about this retreat?

Are you currently using any alcohol or mood-altering substances (other than prescribed medications) on a regular basis? How much, and how often? Do you have a plan for abstinence before, during, and after this retreat?

Is there anything else that you would like us to know?

# MEDICAL FORM

**This Form MUST be filled out accurately and completely.**

- Filling out this medical form honestly and completely is the first step in taking care of yourself on the retreat. For your safety, it is important that we know as much as we can about your physical condition. Most medical conditions will not prevent you from successfully completing the retreat, but failure to disclose information could result in serious harm to yourself or other participants.
- Every item on this form must be completed. If it does not apply to you, mark "N/A".
- All information you provide will remain confidential.

**PART I. GENERAL INFORMATION.**

Name \_\_\_\_\_ Age at Retreat Start \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**A. Allergies**

Allergy-List Below	Reaction

None

(Include Medicines, Foods, Bites, and Stings)

**B. Medications**

List any medications you are taking, including psychiatric and over-the-counter medications.

Medication	Condition	Dosage (Amt. and Freq.)	Current Side Effects

*Note: If you are currently taking medication, bring double amounts in separate, non-breakable, waterproof containers, along with dosage instructions.*

**C. Current Exercise and Fitness Level**

Please list your current exercise activity.

Activity	Frequency	Approx. Time/Distance	Leisurely	Moderate	Intensely

**TO BE COMPLETED BY PHYSICIAN/MEDICAL PROVIDER**

Are there any physical concerns that would prevent this applicant from attending a 5 day retreat?

Yes       No

Explain/Limitations:

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As applicant's provider, I attest that she is in good physical condition to attend the MST Retreat. I have listed any limitations above or on a separate (attached) document.

Medical Provider's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Number \_\_\_\_\_ Title \_\_\_\_\_

**TO BE COMPLETED BY MENTAL HEALTH PROVIDER**

Are there any mental health concerns that would prevent this applicant from attending a 5 day retreat

Yes       No

Explain/Limitations:

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As applicant's mental health provider, I attest that she is mentally stable enough to attend the MST Retreat. I have listed any limitations above or on a separate (attached) document.

MH Provider's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_ Title(LSW/MSW/DR.) \_\_\_\_\_

**APPLICANT'S MENTAL HEALTH PROVIDER MUST SIGN OFF ON THIS DOCUMENT IN ORDER TO ATTEND THE RETREAT**

**PART II. PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL ISSUES**

(To be completed by applicant. **Fill in EVERY blank.** Use additional pages if necessary.)

**A. Required Immunization**

Immunization	Requirement	Year of Last Immunization
Tetanus	Within 10 years of retreat start	

**B.**

**If you have answered “yes” to any of the above items, please explain below. Include the following:**

- What specific conditions/symptoms are occurring
- How often condition/symptom occurs
- How long condition/symptom lasts
- How symptom/condition restricts your activity in any way, including ability to run, lift and climb
- Date of last occurrence
- How you care for condition/symptom

Item No.	Detailed Description (Including restrictions, if any)

**B. Hospitalizations and Emergencies**

Please list any hospital or emergency room visits in the past two years.

Dates	Reason	Length of Stay

**C. Lifestyle**

1. Do you use alcohol?  Yes  No How much and how often? \_\_\_\_\_

2. Do you use tobacco?  Yes  No How much and how often? \_\_\_\_\_

3. Do you use any kind of recreational drugs?  Yes  No

What kind? \_\_\_\_\_ How much and how often? \_\_\_\_\_

4. Do you have a history of substance abuse or chemical dependency?  Yes  No

Drugs used \_\_\_\_\_ Date last used? \_\_\_\_\_

**Insurance Information**

**PLEASE NOTE: You are not required to have health insurance to participate in the retreat, but you are responsible for any medical expenses or evacuation costs for illness or injury occurring during or as a result of participation in the retreat.**

Are you insured by the VA:  Yes  No

Name of Insured: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy or Certificate # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Does the Insurance Company require pre-authorization?  Yes  No If yes, phone # \_\_\_\_\_

Do you have any special food requirements or allergies?

Do you have any physical disabilities?

**PART III. SIGNATURE REQUIRED**

I understand that this retreat may include experiences that are physically and/or mentally strenuous for me, and that the retreat will take place in a rural area, up to an hour's drive from advanced medical facilities. The information on the preceding pages is a complete and accurate statement of my past and present medical condition, and I have included all physical and psychological factors that may affect my participation on this retreat. I realize that failure to disclose such information could result in serious harm to myself and/or fellow participants. I agree to indemnify and hold CenterPoint Retreats harmless if all relevant information is not disclosed. I agree to notify CenterPoint Retreats should there be any change in my health status prior to my course start.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



**ADDITIONAL INFORMATION SECTION**

*PLEASE READ THIS ENTIRE DOCUMENT (hereafter 'Document') CAREFULLY BEFORE SIGNING. If there are parts of this agreement that you do not understand, or have questions about, please contact CenterPoint Retreats staff.*

*All references in this document to MST Retreats, otherwise known as WINC Retreats, includes all agents, owners, officers, employees, representatives, volunteers, independent contractors, and all other persons or entities associated with WINC Retreats. I understand and agree as follows:*

## **PART A: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS**

WINC: For All Women Veterans educational, adventure and instructional activities may include, but are not be limited to, hiking, camping, canoeing and other strenuous activities and transportation to and from activities (referred to in this Document as 'activities' or 'these activities'). **I acknowledge that these activities involve inherent and other risks, hazards and dangers that can cause injury, property damage, illness, mental or emotional trauma, disability or death to participant or others. The following describes some, but not all of those risks, hazards and dangers:**

**Risks present in an outdoor or wilderness environment.** Participants' travel may be subject to lightning, strong winds, fast moving rivers or other water bodies, difficult stream crossings, ice, or objects, extremely hot or cold temperatures or cold water, snow and ice, avalanche dangers, fallen timber, stinging or disease carrying insects, wild animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable year around.

**Risks involved in decision making and conduct,** including, without limitation, the risk that a WINC staff member, representative, volunteer, co-participant or contractor may misjudge a participant's capabilities, or misjudge medical treatment, weather, terrain, water level, or route location.

**Risks associated with travel.** Travel can be on foot or by vehicle, boat, snowshoes, or other means and can be over rough and unpredictable terrain, highways or other roads, or via lakes and rivers, in snow, sleet, rain or other adverse weather conditions.

**Risks connected with geographic location.** Activities may take place in remote places, possibly many hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care.

**The risk that equipment used** in an activity may break, fail or malfunction.

**Participants may have free time** before, during and after the retreat and at various other times. Unsupervised time may include solo time where participant is stationary, alone and outdoors for up to several hours.

**Risks regarding conduct.** The potential that the participant, or other participants or third parties (e.g. driver, rescue squad, hospital) may act carelessly or recklessly; or the chance that a participant may react adversely or suffer emotional trauma arising out of her participation on the course or for any other reason.

**Risks associated with facilities and independent contractors.** WINC may contract with individuals and organizations that are independent contractors (not WINC employees or agents) to provide facilities, transportation, lodging, and meals, and to conduct some of the activities you may engage in. Although the Institute has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not legally liable or responsible for their conduct. Retreats will take place at facilities, in vehicles, or on premises not owned by, or associated or affiliated with, the Institute. The Institute does not oversee, supervise, or take responsibility for any aspect or condition of these independent facilities, vehicles, or premises.

These and other risks, hazards and dangers may result in the following impact on participants: falling, being struck, colliding with objects or people, experiencing vehicle collision, reacting to high altitudes and weather conditions, becoming lost or disoriented, suffering gastro-intestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause hypothermia, hyperthermia, dehydration, frostbite, drowning, high altitude sickness, heart or lung complications, broken bones, paralysis, mental or emotional trauma, concussions or other injury, damage, death or loss.

**I acknowledge** that WINC staff is, and has been available, before and during the retreat, should I have further questions about this document, WINC activities, or the risks, hazards and dangers associated with these activities. I have no mental or physical problems or limitations which might affect my ability to participate that I have not disclosed to WINC, and I am fully capable of participating in these activities without causing harm to myself or others. **I understand** that WINC cannot assure my safety or eliminate any of these risks, and that during both supervised and unsupervised activities, all participants share in the responsibility for their own safety. **I am voluntarily participating** with knowledge of the risks.

Therefore, **I assume and accept full responsibility for myself**, for the inherent and other risks of these activities (both known and unknown) and for any injury, damage, death or other loss suffered by me, resulting from those risks, or resulting from my own negligence or other misconduct.

**PART B: RELEASE AND INDEMNITY AGREEMENT**

**Please read carefully. This Part B contains a Release and Indemnity Agreement and surrender of certain legal rights.** *Certain federal land agencies do not allow service providers, including WINC, to be released by their clients from liability for injuries or other losses occurring while operating under permit on those federal lands ('restricted federal lands').* **Therefore, except to the extent federal policy prohibits me from doing so on restricted federal lands, I agree as follows:**

- (1) **to release and agree not to sue** WINC in regard to all claims, liabilities, suits, or expenses (including reasonable costs and attorneys' fees) (hereafter collectively 'claim' or 'claims'), in any way connected with my enrollment or participation in these activities, or use of WINC equipment or facilities. **I understand that in signing this Document, I, and anyone acting on my behalf, surrender all rights to make a claim against WINC, for any injury, damage, death or other loss suffered by me;**
- (2) **to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) WINC in regard to all claims:
  - (a) brought by or on behalf of me, my child, or a family member, for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities, or use of WINC equipment or facilities; and/or,
  - (b) brought by a co-participant or any other person, for any injury, damage, death or other loss to the extent caused by my conduct in the course of participating in these activities or using WINC equipment or facilities.

**This Part B Release & Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of WINC (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach or contract or otherwise.**

**CONCLUSION**

**I agree** that this Document, any dispute I have with WINC, and all other aspects of my relationship with WINC are governed by the substantive laws of the State of Michigan (without regard to its conflict of laws rules), and that any mediation, suit, or other proceeding must be filed or entered into only in the State of Michigan. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable WINC mediator.

**I authorize** WINC staff, representatives, volunteers or contractors to obtain or provide medical care for me or to transport me to a medical facility.

**I also authorize** WINC staff, volunteers, contractors or other medical personnel to render such treatment they consider necessary for my health.

**I agree** to pay all costs associated with medical care and transportation.

**I authorize** WINC and/or parties or entities designated by WINC, to take my photo and to use it for reproduction in any manner WINC desires, for advertising, display, audiovisual, or other use, without compensation to me. **I agree** to obey all WINC rules, regulations and policies.

**I acknowledge** that I have read, understand and agree to abide by the terms of this document, and the information provided to me in the Retreat Information document.

WINC reserves the right to remove any participant from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts herself in a manner detrimental to the program. Any portion of this Document deemed unlawful or unenforceable shall not affect the enforceability of the remaining provisions and those remaining provisions shall continue in full force and effect.

**I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me and my family members, heirs, executors, representatives and estate.**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name here \_\_\_\_\_