

Women's Wellness Retreat 2022 Registration Form

August 26th-28th

"To Dance With Our Grandmothers"



Hosted by the Kodiak Area Native Association and the Sun'aq Tribe of Kodiak, the Annual Women's Wellness Retreat has been a positive influence in many women's lives throughout the years. The retreat is a safe place for women gather, relax, and refuel. To share life's challenges and triumphs and inspire each other to seek healthy and prosperous lifestyles. **This is the first face to face retreat since 2019 due to COVID-19, as such the registration is limited and we will use our established priority criteria.**

In order to be considered to attend this event you must fill out and return the following:

1) General Information; 2) Waiver and Release of Liability form; 3) Confidentiality Agreement; 4) Consent for Medical Treatment, and 5) Participant Agreement & Travel Policy.

REGISTRATION DEADLINE IS JULY 8th, 2022

The facility allows for a limited number of participants so please turn your registration in as soon as possible. **As always, priority will be given to Elders, Alaska Native registrants, and those residing in our remote villages.** Due to Once we have received your completed registration, we will contact you to go over logistics and answer any questions you may have. Registrants will be contacted mid-July with more specific information about the retreat.

For women registering from the outlying villages travel will be provided, and we typically bring you into Kodiak the night before, we provide lodging by air carrier and hotel chosen by staff. ng. If for some reason you choose another air carrier or hotel, this will be at your own expense.

There are several ways to submit your Registration Form:

MAIL TO:

Suna'q Tribe of Kodiak
312 W. Marine Way
Kodiak, AK 99615
Attn: JJ Or Randy

FAX TO:

FAX # 907-486-3661
ATTN: JJ Or Randy

EMAIL TO:

Ceo@sunag.org
Or
Rboskofsky@sunag.org

If you have questions, contact Jeannine (JJ) Marsh or Randy Boskofsky Name at 907-531-5009



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For office Use ONLY
Date Received:

General Information

Name: _____

Mailing Address: _____

Phone Number / Cell: _____

Email: _____

Method of contact Preference (Please check one)

_____ Phone _____ Email

Is this your first time attending the Retreat? _____ Yes _____ No

55 years of age or older _____ Yes _____ No

Sweatshirt Size

Sweatshirt Style

- Small
- Medium
- Large
- X-Large
- XX Large
- XXX-Large

- Zipper
- Pull-Over

Due to the fact that some participants cancel at the last minute and others on the wait list are moved up we sometimes **cannot** accommodate your sweatshirt size.

Sleeping arrangements – Dorm & Cabin Preference

Dorm: (preference given to Elders & those with mobility issues): Located above the main lodge kitchen. We will make all efforts to ensure Elders are on a bottom bunk.

Cabin: Located up the hill with steep steps, rustic, heated by woodstove

Preference: _____Dorm _____Cabin

Roommate request:

Are you a night owl? _____Yes _____No

This will guide us in determining sleeping arrangements.

Please Return Completed Form



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Participant Agreement and Consent for Medical Treatment

This is to certify that I, the undersigned, hereby consent to and authorize the administration and performance of all needed medical and surgical treatment, as well as the administration of anesthesia as deemed necessary by medical providers due to any routine and/or emergent medical situations that may arise during the duration of the retreat.

Participant's Name

Date of Birth

Address

City, State, Zip

In case of emergency contact:

Name: _____

Relationship : _____

Address: _____

Phone # : _____

Family Doctor: _____

Phone # : _____

Participant's Health and Accident Insurance Company: _____

Policy #: _____

KANA Beneficiary: ____Yes ____No

List medications being taken or illnesses being treated for:

FOOD ALLERGIES (Please be **SPECIFIC**): If you have special dietary needs we will do our best to accommodate participants. We encourage participants to bring their own supplies, we have space in both the freezer and refrigerator.

Participant's Signature

Date

Please Return Completed Form



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Participant Agreement and Consent for Travel Policy: Participants in *"To Dance With Our Grandmothers Women's Retreat"* understand, and hereby agree, that KANA will provide **ALL** transportation to and from Woody Island for the retreat. If weather prohibits travel on any given day, every effort will be made to arrange for transportation at the earliest possible time the weather allows. Personal transportation to or from Woody Island will not be permitted. Participant understands, and agrees to abide by this policy.

Photo Use Consent: I understand that during the course of the retreat activities that pictures and recordings may be made. I hereby give permission for resulting photographs, videos, and audio recordings to be used for promotional purposes in newspapers, press release, on the Women's Wellness partner websites, Facebook and any other media deemed appropriate. I understand that I will receive no compensation for use of these images and recordings.

Waiver and Release of Liability: In consideration of being allowed to participate in the Women's Wellness Retreat 2022, related events and activities, the undersigned:

1. Agrees that the participant should inspect the facilities and equipment to be used and if the participant believes anything is unsafe, she should immediately advise a staff member of such conditions and refuse to use said facility / equipment.
2. Acknowledges and fully understands each participant will engage in activities that may involve risk or injury which might result not only from their own action or negligence, the remote circumstances of the premises, or the equipment used. Furthermore, there may be other risks not known that are not reasonably foreseeable at this time.
3. Assumes all foregoing risks and accepts personal responsibility for damages following such injury, permanent disability or death.
4. Agrees not to sue Women's Wellness retreat partnering agencies or the Kodiak Area Native Association, Sun'aq Tribe of Kodiak, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organizations, other members/participants, sponsoring agencies, partners, sponsors, advertisers and if applicable owners and lessors of the premises used to conduct the event.

I have read the above waiver and release and understand that I have given up substantial rights by signing it voluntarily.

Name of participant (print)

Signature of participant

Please Return Completed Form



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Participant Confidentiality Agreement

I understand and agree that as a participant of the Women's Wellness Retreat, it is in my best interest and the interest of others to keep all personal information regarding anyone attending or working at Women's Wellness Retreat under the strictest of confidence.

This retreat is a place of healing and we ask for participants to practice respect and anonymity. The staff involved has worked very hard to ensure that the Women's Wellness Retreat is a safe place for women to come together and go forward on their own personal journey through healing. In order to maintain a safe and non-judgmental environment everyone must agree to keep personal information about others private.

I understand that sharing personal information about others attending this retreat is a harmful act and goes against the purpose of the Women's Wellness Retreat. I promise to abide by this agreement and keep all information discussed at the retreat confidential.

Printed Name : _____

Signature : _____

Other Expectations:

The retreat location is on beautiful Woody Island at the Baptist Mission's facilities. It is rustic and has limited modern conveniences. The ground is uneven and the dorm rooms and cabins can be damp and chilly. The staff is limited and we ask participants, except Elders and those with physical limitations, to carry their own bags. Additionally, we will assign daily chores to participants that are able to help.

Please Return Completed Form



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List of Items to Bring

It is very important that you have the following items! We have limited items available to lend, we will have a check-out sheet if you are in need of an item/s. You are welcome to use this page as a checklist.

All clothing, equipment, and luggage **MUST BE LABELED** with the participants name for easy identification. KANA is not responsible for any lost or stolen property. However, we will maintain a lost & found box until September 30th. Items must be claimed by this date.

What to Bring to Camp (Please mark all personal items with your name)

<input type="checkbox"/>	Warm Jacket, sweater
<input type="checkbox"/>	Clothing for 3 days of retreat (T-shirts, jeans, socks, underwear, sweatshirts, etc...)
<input type="checkbox"/>	One pair of boots or hiking shoes
<input type="checkbox"/>	One pair of tennis shoes or walking shoes
<input type="checkbox"/>	Bath towel, hand towel, washcloth
<input type="checkbox"/>	Toothbrush, toothpaste and dental floss
<input type="checkbox"/>	Soap, Shampoo, Conditioner, lotion
<input type="checkbox"/>	Deodorant; comb; brush
<input type="checkbox"/>	Sleeping bag, bottom fitted sheet , pillow / pillow case
<input type="checkbox"/>	Rain Coat / VERY IMPORTANT or an inexpensive rain poncho
<input type="checkbox"/>	Flashlight, small or headlight
<input type="checkbox"/>	Water bottle, we do not provide water bottles

Optional items to bring:

The facility dorm rooms and the cabins are CHILLY, please bring a warm blanket. For Elders we have been approved for them to use heated electric blankets.

Sun screen
Insect repellent

Camera
Lip balm

Book
Phone charger

