



Strong Girls. Strong Women. Better World.

Dear Veteran,

We're glad you are interested in attending one of the 2012 OEF/OIF Women Veterans' Retreats! We hope that this will be a rewarding, powerful, and rejuvenating experience for you.

The OEF/OIF 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 war zone, 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 combat or military service, and move forward into the post-military life that you envision for yourself.

Please read the enclosed Retreat Information to make sure you are eligible, and to see if this retreat is what you are looking for. 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.

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. Please return the following forms as soon as possible, to your team leader at your local Vet Center. Courses will be filled on a first-come, first-served basis.

- Registration Form
- Medical Form
- Assumption of Risk Form
- Transportation Plan

If possible, please choose a retreat that is nearest to your state of residence.

As soon as your application is accepted we'll send you confirmation via email, including more information about what to bring. If you have requested air transportation, your flight arrangements will be sent approximately 3 weeks before the retreat. Please note on your registration form if you would rather be contacted by regular mail or 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 [laura@womenswilderness.org](mailto:laura@womenswilderness.org). We are looking forward to spending time with you!

Sincerely,

Laura Tyson, M.A.  
Director of Veterans' Programs



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## Registration Form 2012 OEF/OIF Women Veterans' Retreats

### Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please confirm my acceptance via:  Email  Regular Mail  Phone

Which retreat would you like to attend?

- New Mexico, March 17-22  
 Colorado, August 18-23  
 Connecticut, September 14-19

If that retreat is full, do you have a second choice? \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Please answer the following questions.

Were you deployed to Iraq or Afghanistan in OIF or OEF? Where were you deployed? For approximately what dates?

What are your personal intentions or hopes for this retreat?

Are you currently in counseling at a Vet Center or VA? How long have you been in counseling?

Please tell us how your experience in a war zone is currently affecting your life.

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

Have you experienced Military Sexual Trauma (MST)?

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?

Do you have any special food requirements or allergies?

Do you have any physical disabilities?

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



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## 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 course. For your safety, it is important that we know as much as we can about your physical condition. Many medical conditions will not prevent you from successfully completing the course, 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".
- If you have certain medical conditions, we may require that you have a physician fill out a supplemental form.
- All information you provide will remain confidential.

### PART I. GENERAL INFORMATION.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Retreat Start \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Physician Address \_\_\_\_\_ FAX \_\_\_\_\_

Height \_\_\_\_\_ Resting Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_

**A. Allergies**  None  
 (Include Medicines, Foods, Bites, and Stings)

Allergy-List Below	Reaction	Medication Required

**B. Medications**  None  
 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



**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      o
- Drugs used \_\_\_\_\_      Date last used? \_\_\_\_\_

**Swimming Ability**

- Non-swimmer       Can't swim more than 100 yds.  
 Moderate Swimmer       Strong Swimmer       Current Lifesaving Certificate

**Ethnicity (optional)**

- African American       Asian       Latina/Hispanic  
 Native American       White/Caucasian       Other

**Insurance Information**

**PLEASE NOTE: You are not required to have health insurance to participate on a course, 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 course.**

**If you are insured by the VA:**

Name of Insured: \_\_\_\_\_ Social Security # \_\_\_\_\_

**If you carry private insurance:**

Insurance Company Name \_\_\_\_\_ Policy or Certificate # \_\_\_\_\_

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

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

**PART III. SIGNATURE REQUIRED**

I understand that TWWI courses are physically and mentally strenuous experiences that may take place in remote areas, far from conventional 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 in a TWWI course. 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 TWWI harmless if all relevant information is not disclosed. I agree to notify TWWI should there be any change in my health status prior to my course start.

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

\_\_\_\_\_  
Date

**Transportation Plan  
2012 OEF/OIF Women Veterans' Retreat**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

I am applying for:

- \_\_\_\_\_ New Mexico, March 17-22
- \_\_\_\_\_ Colorado, August 18-23
- \_\_\_\_\_ Connecticut, September 14-19

My transportation plan is as follows: *(Please check one.)*

- \_\_\_\_\_ I will drive myself to the retreat center. I will arrive between 3-4 pm on the first day.  
*Driving directions will be sent upon acceptance.*
- \_\_\_\_\_ I would like to be picked up at a Vet Center in the region of the retreat.
- \_\_\_\_\_ I am requesting air transportation. *Please fill out the required information below. We will provide a shuttle from the airport to the retreat center.*
- \_\_\_\_\_ Other plan: \_\_\_\_\_  
\_\_\_\_\_

**Information for Air Transport Requests**

Major airport closest to your residence \_\_\_\_\_

Full legal name EXACTLY as it appears on the ID you will present at the airport, including middle name or initial if that is on your ID

\_\_\_\_\_

Date of Birth \_\_\_\_\_

**Ground Transportation for Air Requests**

- \_\_\_\_\_ I will drive myself to the airport nearest my residence.
- \_\_\_\_\_ I am requesting ground transport from my residence to the airport.

*(Please note that you will need to contact your Vet Center at least two weeks in advance to arrange for ground transportation from your residence to the airport.)*



**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 TWWI staff.**

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**In consideration of the services of The Women's Wilderness Institute, Inc., and its agents, owners, officers, employees, representatives, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as 'TWWI'), I understand and agree as follows:**

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

TWWI educational, adventure and instructional activities may include, but are not be limited to, hiking, backpacking, rock climbing, camping, canoeing, snowshoeing, 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.** These risks include travel in high altitude, mountainous or wilderness terrain both on and off trail. Participants' travel may be subject to lightning, strong winds, fast moving rivers or other water bodies, difficult stream and/or snowbridge crossings, falling rocks, 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 TWWI 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, skis, 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 possibly overnight in the field for up to 24 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.** The Women's Wilderness Institute contracts with individuals and organizations that are independent contractors (not TWWI's 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 TWWI staff is, and has been available, before and during the retreat, should I have further questions about this document, TWWI 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 TWWI, and I am fully capable of participating in these activities without causing harm to myself or others. **I understand** that TWWI 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 TWWI, 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 TWWI** 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 TWWI 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 TWWI, for any injury, damage, death or other loss suffered by me;**

(2) **to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) **TWWI** 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 TWWI 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 TWWI 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 TWWI (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 TWWI, and all other aspects of my relationship with TWWI are governed by the substantive laws of the State of Colorado (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 Colorado. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator.

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

**I also authorize** TWWI 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** TWWI and/or parties or entities designated by TWWI, to take my photo and to use it for reproduction in any manner TWWI desires, for advertising, display, audiovisual, or other use, without compensation to me. All negatives and prints are the property of TWWI.

**I agree** to obey all TWWI 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.

TWWI 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. If I am dismissed or depart for any reason, I understand that I am responsible for any and all costs of early departure whether for medical reasons, dismissal, or otherwise. 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