

Women's Wellness Retreat 2025 Registration Form

August 7-10

"To Dance With Our Grandmothers"



The Annual Women's Wellness (WW) Retreat is hosted by the Kodiak Area Native Association, the Sun'aq Tribe of Kodiak & the Kodiak Women's Resource & Crisis Center (KWRCC). The WW Retreat has been a positive influence in many women's lives throughout the years which generates a safe place for women to gather, relax, and refuel, to share life's challenges and triumphs, and inspire each other to seek healthy and prosperous lifestyles.

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
- 5) Participant Agreement & Travel Policy

REGISTRATION DEADLINE IS JUNE 27, 2025

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.* 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 in 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 by air carrier, and we provide lodging/hotel chosen by staff.

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:

KANA Family Services Coordinator
3449 E Rezanof Dr.
Kodiak, AK 99615

DROP OFF:

ANY KANA LOCATION

EMAIL TO:

danielle.butts@kodiakhealthcare.org

**If you have questions, contact Danielle Butts, Family Services Coordinator
at (907) 486-7340 or (907) 942-6294**



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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

Are you 55 years of age or older? _____ Yes _____ No

Sweatshirt Size

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

Sweatshirt Style

- ☐ 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 capable of being on a top bunk? _____ Yes _____ No

Are you a night owl? _____ Yes _____ No

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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 #: _____

Are you an Alaska Native/American Indian 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 Favorite Meal: _____

Participant's Signature

Date

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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 and 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 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 releases, on the Women's Wellness partner websites, Facebook, and any other media deemed appropriate. I understand that I will receive no compensation for the use of these images and recordings.

ZERO TOLERANCE POLICY: The Women's Wellness Retreat is a drug and alcohol-free event. Any use of substances during the retreat could jeopardize your future attendance.

Waiver and Release of Liability: In consideration of being allowed to participate in the Women's Wellness Retreat 2024, 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 KANA, Sun'aq Tribe of Kodiak, KWRCC, 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



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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 the 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 _____

Date: _____

Other Expectations:

The retreat location is on beautiful Woody Island at the Kodiak 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.

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List of Items to Bring

Please use this page as a checklist.

It is very important that you have the following items! We will have a limited supply available to lend/use, and we will have a check-out sheet if you need a certain item/s.

All clothing, equipment, and luggage **MUST BE LABELED** with the participant's 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 4 days of retreat (T-shirts, jeans, socks, underwear, sweatshirts, pajamas, 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 / <u>VERY IMPORTANT</u> or an inexpensive rain poncho
<input type="checkbox"/>	Flashlight, small or headlight
<input type="checkbox"/>	Water bottle (we usually do not provide water bottles)

Optional items to bring:

The facility dorm rooms and the cabins are **CHILLY**, please bring a warm blanket.

Sun screen
Insect repellant

Camera
Lip balm

Book
Phone charger

