CenterPoint Program

Dear Veteran,

We're glad you are interested in attending one of the 2018-19 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 being in 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.

To be eligible, you must have deployed during OEF/OIF, and currently be in counseling at a Vet Center. If you have a private or VA counselor, you may satisfy this requirement by doing a one-session intake at your nearest Vet Center. Please read the Retreat Information to make sure that this retreat is what you are looking for. This is available on the website, or from your counselor. 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. 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 counselor at your local Vet Center. If you are seeing a VA or private counselor, see Retreat Information document about how you can become eligible**. Returning your application soon will increase your chances of getting in.

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

As soon as your application is accepted we'll send you confirmation via email. If you have requested air transportation, your flight arrangements will be sent approximately 3-4 weeks before the retreat. 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 athena@veteranspath.org . We are looking forward to spending time with you!

Sincerely,

Athena Pond
Operations Manager
Veteran's PATH CenterPoint Retreats

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Please return these forms to your Vet Center counselor, and ask him/her to complete the Counseling Questionnaire, available on the CenterPoint Retreats website.

Registration Form
2018-19 OEF/OIF Women Veterans' Retreats

Contact Information

Name _____ Date _____

Address _____

_____

Home Phone _____ Work or Cell Phone _____

Email _____

Please confirm my acceptance via: ____ Email _____Phone

Which retreat would you like to attend? (Please choose the location closest to your residence if possible.)

_____ Southern California, October 26-31, 2018
_____ Tennessee, March 27th – April 1, 2019
_____ New Mexico, May 12-17, 2019

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?

In which branch of the military did you serve?

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

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What are your personal intentions or hopes for this retreat?

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?

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 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 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".
- 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

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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. Conditions and Symptoms

Do you have, or have you had, any of the following conditions or symptoms?

	Yes	No
1. High Blood Pressure	❑	❑
2. Heart Disease	❑	❑
3. Heart Murmur	❑	❑
4. Irregular Heartbeat	❑	❑
5. Family history of heart attack	❑	❑
6. Tuberculosis	❑	❑
7. Recent exposure to active TB	❑	❑
8. Positive TB test	❑	❑
9. Active Hepatitis	❑	❑
10. History of Hepatitis	❑	❑
11. Seizure Disorder	❑	❑
12. Seizure within past year	❑	❑
13. Bleeding Disorder	❑	❑
14. Blood disorder/anemia /sickle cell trait_____	❑	❑
15. Chronic cough	❑	❑
16. Recurrent lung infections	❑	❑
17. Asthma	❑	❑
18. Diabetes	❑	❑
19. Hypoglycemia	❑	❑
20. Anorexia Nervosa	❑	❑
21. Bulimia	❑	❑
22. Cancer	❑	❑
23. Skin Problem	❑	❑
24. Frosbite	❑	❑
25. Circulation Problems	❑	❑
26. Active Bedwetting	❑	❑
27. Headaches	❑	❑
28. Head injury w/ neurological Impairment	❑	❑
29. Stomach Ulcers	❑	❑
30. Intestinal Problems	❑	❑
31. Heatstroke	❑	❑
32. Bladder Infection	❑	❑
33. Difficulty Urinating	❑	❑
34. Kidney Problems	❑	❑
35. Thyroid Problems	❑	❑
36. Endocrine Problems	❑	❑
37. Hearing Impairment	❑	❑
38. Vision Impairment	❑	❑
39. Motion Sickness	❑	❑
40. Sleep Walking	❑	❑
41. Broken Bones	❑	❑
42. Neck Problem	❑	❑
43. Back Problem	❑	❑
44. Arm Problem	❑	❑
45. Shoulder Problem	❑	❑
46. Knee Problem	❑	❑
47. Ankle Problem	❑	❑
48. Leg Problem	❑	❑
49. Foot Problem	❑	❑
50. Currently Pregnant	❑	❑
51. Special Diet	❑	❑
52. Learning Disability	❑	❑
53. Medical Equipment/Devices	❑	❑
54. Unexplained weight loss	❑	❑
55. HIV/AIDS	❑	❑

Do you currently or regularly have any of the wing symptoms?

56. Chest Pain/Pressure	❑	❑
57. Heart Palpitations	❑	❑
58. Unexplained Sweating	❑	❑
59. Frequent Shortness of Breath	❑	❑
60. Frequent Dizziness	❑	❑
61. Frequent Fainting	❑	❑
62. Heartburn	❑	❑
63. Muscle Camps	❑	❑
64. Intolerance to warm temps	❑	❑
65. Intolerance to cold temps	❑	❑
66. PMS or menstrual problems	❑	❑
67. Other	❑	❑

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)

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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 •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

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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 # _____

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 or mountainous 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

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Transportation Plan
2018-19 OEF/OIF Women Veterans' Retreat

Name _____ Date _____

Address _____

_____

Home Phone _____ Work or Cell Phone _____

Email _____

I am applying for:

_____ Southern California, October 26- 31, 2018
_____ Tennessee, March 27th – April 1, 2019
_____ New Mexico, May 12-17, 2019

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

_____ I am requesting air transportation. *Please fill out the required information below. We will provide a shuttle from the airport to the retreat center.*
_____ I will drive myself to the retreat center. I will arrive the afternoon of the first day. *Driving directions will be sent before the retreat.*
_____ I would like to be picked up at a location in the region of the retreat.

_____ 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 _____

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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 CenterPoint Retreats, otherwise known as CPR, includes all agents, owners, officers, employees, representatives, volunteers, independent contractors, and all other persons or entities associated with Veteran's PATH, dba CenterPoint Retreats.
I understand and agree as follows:

PART A: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

CPR educational, adventure and instructional activities may include**,** but are not be limited to, hiking, ropes courses, 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 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 CPR 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 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. CPR contracts with individuals and organizations that are independent contractors (not CPR'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 CPR staff is, and has been available, before and during the retreat, should I have further questions about this document, CPR 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 CPR, and I am fully capable of participating in these activities without causing harm to myself or others. **I understand** that CPR 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 CPR, 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 CPR** 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 CPR 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 CPR, for any injury, damage, death or other loss suffered by me**;

(2) **to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) **CPR** 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 CPR 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 CPR 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 CPR (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 CPR, and all other aspects of my relationship with CPR 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 CPR staff, representatives, volunteers or contractors to obtain or provide medical care for me or to transport me to a medical facility.

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

CPR 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