I am interested in attending on _____

I want my focus to be:

- ☐ Lifestyle
- ☐ Depression/anxiety
- ☐ Health Coaching

office use only
App. received _____
Sched. retreat_____
Confirm let. sent_____

Emotional Freedom Retreat Sept 27-Oct 4, 2026

_____ _____ _____ _____
Last Name First Name M.I. Prefix

_____ _____ _____
Date of Birth Age Ethnicity

_____
Address

_____ _____ _____
City State Zip Code

_____ _____
Phone Number Email

Emergency contact _____
Name Phone Number

Primary Physician _____
Name Phone Number

How did you hear about this retreat? _____

_____ _____

What draws you to come to the Emotional Freedom Retreat and what are your expectations for your visit here? _____

_____

_____

List any personal, health, spiritual, and/or relational/social goals that you want to accomplish during your stay? _____

_____

_____

_____

Participant Health Information

_____	_____	_____
Height	Weight	BMI (office use only)

Please list current medication/supplements

_____

_____

_____

_____

Current medical conditions/physical symptoms

_____

_____

_____

Have you been hospitalized in the last three months? If so, what for?

_____

_____

Are you on any special diet or allergies, if so describe? _____

_____

Please circle yes or no if any of the current apply. If yes, explain.

Y or N - Food/drug allergies_____

Y or N - Difficulty breathing_____

Y or N - Open wounds, lesions or sores_____

Y or N - Oxygen dependency_____

_____

How often/what type of exercise do you participate in each week?_____

_____

Do you have any issues with any of the following?

Y or N - Mobility (walking, sitting, standing, lying down)

Y or N - Showering on your own

Y or N - Dressing and grooming on your own

Y or N - Using the restroom on your own

If so, please describe in what way _____

_____

Y or N - Do you consume caffeine in beverages or other forms?

Y or N - Do you use any narcotic drugs for pain?

Y or N - Do you consume alcoholic beverages?

Y or N - Do you use tobacco/e-cigarettes/vapes?

Y or N - Do you use illicit drugs?

How would you describe your emotional well-being?_____

_____

Have you received a mental health diagnosis? Yes or No If yes, for what?_____

_____

_____

Do you or have you had feelings of hurting yourself or somebody else? If so, please explain_____

_____

_____

What is your general state of wellbeing? _____

How many hours of sleep do you usually get per night?_____

How much water do you drink each day?_____

Is there anything else you would like to share that might be helpful?_____

_____

_____

Emotional Freedom Retreat

Guest Agreement

September 27- October 4, 2026

This Guest Agreement and Liability Waiver (“Agreement”) is entered into by and between the guest (“Guest”) and the Emotional Freedom Retreat, Sunset Lake Camp, and their officers, staff, volunteers, agents, and representatives (collectively, the “Released Parties”).

The Guest acknowledges that Sunset Lake Camp is an educational facility during the retreat dates of September 27 through October 4, 2026, and is not a treatment facility. The Guest understands that no medical diagnosis or treatment will be provided, and staff may assist with physician contact if changes in medical needs arise.

The Guest agrees to financially support their stay at Sunset Lake Camp. Payment is due before or on the day of registration. If a participant is unable to comply with the retreat rules or leaves without authorization from the nurse and staff, the participant may be removed from the retreat immediately.

The Guest agrees to participate in the scheduled program, which may include exercise, education, food labs, group discussions, and other retreat activities.

The Guest agrees not to bring or use alcoholic beverages, cigarettes, tobacco products, marijuana, methamphetamines, cocaine, or any other mind-altering substances while at Sunset Lake Camp. If the Guest does not adequately participate in the program or brings or uses any of the prohibited substances listed above, Sunset Lake Camp will assume the Guest is unable to benefit from the program, and the Guest will be asked to leave.

The Guest understands that participation in the retreat involves certain inherent risks, including but not limited to physical injury, illness, emotional distress, property loss, or other unforeseen harm.

To the fullest extent permitted by law, the Guest voluntarily assumes all risks associated with participation in the retreat and releases and holds harmless the Released Parties from any and all claims, demands, damages, actions, or causes of action arising out of or related to participation in the retreat, except to the extent caused by gross negligence or intentional misconduct.

The information provided during the Lifestyle Retreat is for informational purposes only. Health information will be kept confidential in accordance with applicable law. Nurses and other representatives of Lifestyle Retreat will not diagnose conditions or prescribe treatment. All decisions regarding medications, health, and wellness care remain between the Guest and their health care provider.

By signing below, the Guest confirms that they have read, understood, and voluntarily agree to the terms of this Agreement and Waiver.

Guest signature _____ Date _____

Print name _____

For more information call Elida Jerez at 253-250-1646 or email her at Elida.Jerez@wc.npuc.org