



## Young Women Rise (YWR) Leadership Retreat Registration Form

Thank you for joining the Young Women Rise Leadership Retreat!

**Registration:** Please fill out the registration form and **mail** with the \$40 fee to:

Attn: Raina Gardner, Young Women Rise

Nelson & District Women's Centre

420 Mill Street, Nelson, BC V1L 4R9

Or, you can **drop off** to a staff member at the Women's Centre during Drop-In Hours (Tuesdays to Thursdays, Noon to 4:00pm).

**Subsidies:** We don't want the registration fee to be a financial barrier, so subsidies are available. If you need a subsidy for the registration fee, please email Raina at: [raina@nelsonwomenscentre.com](mailto:raina@nelsonwomenscentre.com) or phone (250)352-9949

**Dates:** Sunday, April 15th at 4:00pm Overnight to Monday, April 16th at 4:00pm (Monday is a Pro-D Day for School District 8).

Please arrange drop off at the Mountain Waters Retreat Centre by 4:00pm on Sunday and pick up at the Retreat Centre at 4:00pm on Monday. If your daughter needs assistance with transportation, please contact Raina.

**Venue:** Mountain Waters Retreat Centre, 2109 Svoboda Road, Nelson, BC  
<http://mountainwatersretreats.ca>

**Food:** Meals will be provided (dinner on Sunday, plus breakfast, lunch, and snacks on Monday).

**Accommodations:** There is space for a maximum of 18 girls, with 3 adult chaperones, staying in shared accommodations but separate beds.

**What To Bring:** Clothing, toiletries, any necessary medications, and an open mind.

**What Not To Bring:** Electronic devices. For safety and communication needs, electronic devices can be brought and kept stowed in luggage. We are on a retreat which includes self-care, nature connection, and bonding with other people. Using electronic devices can prevent experiencing the full benefits of a retreat setting.

**Facilitator:** Raina Gardner [raina@nelsonwomenscentre.com](mailto:raina@nelsonwomenscentre.com) (250)352-9949

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[info@nelsonwomenscentre.com](mailto:info@nelsonwomenscentre.com)

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Participant's Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

BC Health Care Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone Number: \_\_\_\_\_

Does the participant have any food allergies/sensitivities? If so, please describe:

\_\_\_\_\_

Does the participant have any medical and/or mental health conditions or special needs that the facilitator should be aware

of? \_\_\_\_\_

\_\_\_\_\_

In the case of an emergency, do we have permission to call an ambulance for the participant? \_\_\_\_\_

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**WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY, and ASSUMPTION OF ALL RISKS**

**WARNING: By signing this, you also give up the right to sue for any injury or damages**

Nelson & District Women's Centre means the society, its officers, directors, employees, contractors, agents, and any person acting on their behalf.

In consideration of Nelson & District Women's Centre accepting the application for my child to be permitted to take part in the Young Women Rise Leadership Retreat, I agree to this release from liability, waiver of all claims and agreement not to sue. In addition, I also agree to assume the dangers and risks of activities during the Young Women Rise Leadership Retreat.

I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release Nelson & District Women's Centre for any personal injury, death, property damage or loss sustained by me as a result of my child's participation in the Young Women Rise Leadership Retreat due to any cause whatsoever, including, without limitation, negligence on the part of Nelson & District Women's Centre.

I further acknowledge and agree that I am to supply my child with any necessary medications, medical and such other medical supplies as I see fit, and inform Nelson & District Women's Centre of any medical and/or mental health conditions that may affect the health and/or safety of my child, and/or other participants in the program, and/or the Nelson & District Women's Centre.

I accept all the dangers and risks and the possibility of personal injury, death, property damage or loss resulting while my child is participating in the Young Women Rise Leadership Retreat. I agree not to sue Nelson & District Women's Centre on account of any circumstance whatsoever arising from my child's participation in the Young Women Rise Leadership Retreat. In signing this waiver as the guardian of the minor, I agree to indemnify and hold harmless Nelson & District Women's Centre from and against all costs, claims and liabilities of any nature and kind whatsoever arising from the participation of such minor in any activity of Nelson & District Women's Centre.

Name of Participant(s): \_\_\_\_\_

Name of Parent (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Refund Policy:** Should you need to cancel your participation in the retreat prior to 2 weeks before the start date, you will receive a full refund. Should you need to cancel your enrollment within 2 weeks of the course start date, you will receive a refund, less a \$25 administration fee. If you cancel after the course has started, no refund will be issued.

**Privacy policy:** All personal information is kept confidential and is collected and used for the sole purpose of administering your daughter's participation in the Young Women Rise Leadership Retreat. In case of an emergency, parental and emergency contacts will be notified and medical assistance arranged.

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## Photography Release Form

Young Women Rise Leadership Retreat

I, \_\_\_\_\_ hereby grant to the Nelson and District Women's Centre, it's representatives and employees the right to take photographs of my daughter \_\_\_\_\_ in connection with the Young Women Rise Leadership Retreat. I authorize the Nelson and District Women's Centre, its assigns and transferees to copyright, use and publish in print and/or electronically for purposes of program promotion and procurement of program funding.

I agree that the Nelson and District Women's Centre may use such photographs of my daughter with or without her name for any lawful purpose examples of which include: publicity, illustration, advertising and web content.

I, \_\_\_\_\_ have read and understood the above and have not given any individual or company the exclusive rights to my daughter's name or photograph.

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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