



PO Box 9803

Asheville NC 28815

www.clarityworksonline.com

Please print two copies.

Return one to ClarityWorks, PO Box 9803, Asheville, NC 28815

Retain one to bring to the retreat.

CLARITYWORKS RETREAT AGREEMENTS

These retreats are designed for adult women who seriously wish to explore writing and their life in relationship to their writing. Both emerging and accomplished writers find inspiration, support, and insight. The retreats are not appropriate for persons with serious mental health issues.

The purpose of ClarityWorks writing retreats is to provide a safe and healing space for participants to go deeply into the creative process. In order to create this space and provide a positive group experience, you are asked to make the following agreements. Please read, sign and return as indicated:

When women gather in a circle with the intent to support one another in taking personal risks, the circle is sacred space. To maintain the safety of the circle,

- By signing up for the workshop, I agree to arrive on time and stay for the entire duration of the program.
- I agree to be seated in the circle prior to meeting time. Admission to the circle after the opening will be allowed at Peggy's discretion so as not to interfere with the group process.
- I agree to turn off my cell phone and other communication devices inside the building.
- I agree to remain in the circle until break time or to respectfully request a break.
- I agree to honor confidentiality and treat every story as fiction.

- I agree to listen with my heart as well as my mind.
- I agree to focus on the writing and thereby avoid support or therapy group behaviors by asking personal questions or giving personal advice.
- I agree to use supportive comments to give feedback on a person's writing and avoid advice on how to improve or change what someone has just written.
- I agree to respect each person's ability to take responsibility for her emotional state. When a writer has an emotional response to her own writing, the group holds the space for her experience without attempting to fix it or offering comfort.
- I agree to take responsibility for my own emotions and feelings, understanding that writing can bring up forgotten memories and emotional pain as well as new insights and laughter.
- I agree to allow others to take responsibility for themselves and to refrain from giving advice and caretaking.
- If once at the workshop, I find I cannot keep any of these agreements, I will address my concerns with Peggy.

If you have medical conditions that we should know about, please advise us prior to the event.

Special Note: Peggy Millin is not a professional counselor, social worker, or medic and is not prepared to intervene with serious mental or physical health emergencies.

I have read and accept the Retreat Agreements.

Full Name (please print)

Signature

Date

Address

City/State/ZIP

Home Phone

Cell Phone

Email

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MEDICAL INFORMATION SHEET

Name _____ **Date** _____

Diet Restrictions and Allergies, including food allergies (please list)

Medications (please list medicine, dosage, and why taken)

Physical Restrictions and Special Needs (such as limited walking ability, need for elevator or wheelchair access, etc.)

Emergency Contact Information

Name _____

Relationship _____

All Phone Numbers _____

Return to
ClarityWorks, Inc. PO Box 9803, Asheville, NC 28815 828/298-3863