

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** _____

Home Phone _____ **Cell Phone** _____

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

CLARITYWORKS RETREAT AGREEMENTS

These retreats are designed for adult women who wish to explore writing and their life in relationship to their writing. Both emerging and accomplished writers find inspiration, support, and insight in the retreat. 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:

- I agree to honor the times and places set aside for silence (announced at each retreat).
- I agree to refrain from using email or the telephone, including a cell phone, except in emergency. I have asked my family and friends not to contact me except in emergency.
- I agree to stay on the retreat grounds or in the immediate vicinity as defined by the facilitator unless I make prior arrangements.
- I agree not to ask partners, family members, children, or pets to join me for all or any part of the retreat or to plan visits with them during the retreat time.
- By signing up for the retreat, I agree to arrive on time and stay for the entire duration of the program.
- I understand that writing can bring up forgotten memories and emotional pain as well as new insights and laughter. I agree to take responsibility for my own emotions and feelings.
- I agree to allow others to take responsibility for themselves and to refrain from giving advice and caretaking.

*Each retreat center has emergency medical procedures in place. For your safety, please fill out the medical form thoroughly. **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 or have informed the facilitator of special circumstances interfering with my acceptance.

Signature _____ Date _____

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