

A sisterhood of women facing HIV together

BABES
NETWORK

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**Annual Leadership Retreat
July 8-10, 2011
Camp Burton
Vashon Island,
Washington**

Registration Deadline: June 15, 2011

Thank you for your interest in the BABES retreat for women living with HIV/AIDS! This retreat is for HIV positive women only, although friends and family are welcome to attend many other BABES events.

Things you need to know:

- This retreat will take place at Camp Burton on Vashon Island, just 20 miles and a short ferry ride southwest of Seattle. Rides are available from the BABES office. Ferry tickets and mileage reimbursement from the BABES office will be available for those who offer rides to other members.
- Spaces are limited and are available on a first-come, first-served basis. We have reserved 7 of the 30 available spots for first-time participants.
- Please review the retreat guidelines. **Persons unable to remain clean and sober should reconsider participation in this retreat.** Use of Medical Marijuana requires a signed note from your doctor and must be approved by BABES in advance. **Any people violating this rule will be sent home and will be ineligible to attend another BABES Retreat for one year.**
- **All payments are due by Friday July 1, 2011.** Scholarships are available. **If you cannot afford the fee please fill out the scholarship form and clearly explain why you want to attend retreat.** Scholarship Applications are due with your registration forms on **Monday, June 15th.**
- Please be sure to fill out, date and sign pages 2-5 and return to BABES by **Monday, June 15, 2011.** You can fax it to us at 206.720.5901 or send it in the enclosed envelope to: Retreat Registration, BABES Network-YWCA, 1118 Fifth Avenue, Seattle, WA 98101. Participants will be notified of acceptance on **June 22, 2011.**

If you have any questions regarding the application or the retreat, feel free to call Event Coordinator Nicole Price at 206.720.5566 x5 or 1.888.292.1912 x5 (toll-free).

Thanks, we hope to see you in July!

BABES Retreat Registration | July 8-10, 2011

Thank you for your interest in the BABES Retreat for HIV positive women. We hope you will enjoy it!

Spaces are limited, so please mail or fax your registration asap to: Retreat Registration, BABES Network
-YWCA, 1118 Fifth Ave Seattle, WA 98101 or Fax 206.720.5901, Attention Nicole.

- | | |
|--|--|
| <input type="checkbox"/> Registration Form, completed | <input type="checkbox"/> Medical Info form, signed and dated |
| <input type="checkbox"/> Rules Agreement, signed and dated | <input type="checkbox"/> Release Form, signed and dated |
| <input type="checkbox"/> Registration fee or scholarship application | |

In order for you to be registered for the retreat, we must receive ALL of these documents, completed, signed and dated, in the BABES Network-YWCA office by June 15, 2011. You will be notified about whether you have been accepted by **June 22, 2011**.

Full Name: _____

Mailing Address: _____

City, State, Zipcode: _____

Phone:(day) _____ (eve) _____ (message) _____

Food: All meals will be provided by Camp Burton. Meal times are breakfast at 9:30am, lunch at 12:30pm and dinner at 6pm. There will be snacks available throughout the day. We will also provide you with breakfast at the BABES office before we leave for the Retreat. We will be returning around 5pm on Sunday and you will need to provide your own meal for dinner that evening.

Lodging: Check in is at noon on Friday, July 8th and check out is at 4pm on Sunday, July 10th. Participants will stay in the Retreat Center (three to a room, twin beds) . All bedding and towels are provided. Bathrooms will be shared space.

Roommate request: _____ Do you snore? **YES / NO**

Do you smoke tobacco? **YES / NO**

Mobility: We want to make all activities as accessible as possible will do our best to accommodate you.

Do you have difficulty with stairs? **YES / NO** Can you walk comfortably up to 1/2 mile? **YES / NO**

Do you have any other conditions affecting your mobility? (Please describe.) _____

Transportation: Please offer a ride if you can to help us get everybody there!!

- I need a ride from the BABES office.
- I can give a ride to _____ people. (Drivers will be provided ferry tickets and reimbursed for mileage from the BABES office at the IRS rate of \$.50/mile.)
- I will provide my own transportation to Camp Burton.
- I cannot get to the BABES office on my own. Please call and help me arrange for other transportation.

BABES Network-YWCA

A Sisterhood of Women Facing HIV Together

The BABES Retreat will provide an opportunity for women with HIV to come together, learn and share our common experiences in a safe, clean, sober and confidential environment that is far enough away from the stress of our daily lives.

RETREAT RULES

(Please read carefully and then sign and date below.)

To ensure the safety of everyone attending the retreat, we require that all participants abide by the following rules:

- **Be respectful of our diversity.** BABES is proud to represent many different ages, ethnic groups, socio-economic levels, religions and sexual orientations. Some of us are asymptomatic, while others are symptomatic. Please treat everyone with respect.
- **Maintain our confidentiality.** Confidentiality is crucial to the success of this retreat. Maintaining confidentiality means that, when we leave the retreat, we do not share with others the names (or other identifying information) of anyone who we saw at the retreat. It is up to each individual woman to decide who she wants to tell of her status and when.
- **Do not use alcohol or illegal drugs.** The BABES retreat is a clean and sober event. All prescriptions, including medicinal marijuana, must be noted on your registration form. This form must be signed by your doctor. Please contact us if there are any medication changes after you submit your application. **DO NOT** share medications with others attending the retreat. **Anyone who brings alcohol or illegal drugs to the retreat will be told to leave, and will not be allowed to attend next year's retreat.**
- **Protect the health of others.** If you become sick with an illness that would put others at risk, please cancel!
- **Be kind and respect each other.** Threats, verbal abuse and physical violence of any kind will not be tolerated. Please treat other participants, staff and volunteers with respect, this includes respecting their personal belongings.
- **Clean up after yourselves.** Throughout the retreat, it will be EVERYONE'S responsibility to clean up together and to pick up after OURSELVES, in general. Please do not leave a mess for others, and please lend a hand when you can.
- **Abide by the policies of Camp Burton.** **There is no smoking of any in kind in the retreat center!**
- **No pets will be allowed at the BABES Retreat.**

If you violate any of the above rules, you will be asked to leave and will not be eligible to attend BABES retreats for one year . If you think you will be unable to comply with these rules, please DO NOT attend the retreat.

I have read the above contract and agree to follow the rules set forth by BABES Network-YWCA.

SIGNATURE

DATE

PRINT NAME

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AGREEMENT AND RELEASE FROM LIABILITY

(Please read carefully and then sign and date below)

I. Voluntary Participation:

I, _____ (name of releaser), acknowledge that I am fully aware of the hazards and risks of participation in a retreat of this nature, including but not limited to the following: exposure to diseases, drowning and sunburn. I have voluntarily applied to BABES Network-YWCA, a program by and for women with HIV/AIDS, to participate in a retreat at Camp Burton in Washington State from July 8th through July 10, 2011.

II. Release:

As consideration for being permitted by BABES Network-YWCA to participate in these activities and use the facilities which they have rented, I hereby agree that I, my assigns, heirs, distributees, guardians, and legal representatives, will not make a claim against, sue or attach the property of BABES Network, the YWCA of Seattle-King County-Snohomish County or any of its affiliate organizations, contractors, including but not limited to Camp Burton, individual members, staff and volunteers for injury or damage resulting from negligence or other acts, howsoever caused by any member, staff member, volunteer, or contractor of BABES Network-YWCA or any of its affiliate organizations or individual members and volunteers as a result of my participation in and travel to and from this retreat and hereby release BABES Network-YWCA and any of its affiliate organization, contractors, including but not limited to Camp Burton, individual members, staff and volunteers from all actions, claims or demands that I, my assigns, heirs, distributees, guardians and legal representatives now, have or may hereafter have from injury or damage resulting from my travel to and from and/or my participation in this retreat.

III. Knowing and Voluntary Execution:

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and BABES Network-YWCA and any of its affiliate organizations and contractors, including but not limited to Camp Burton, members, staff and volunteers, and sign this document of my own free will. I further acknowledge that this waiver is executed freely and voluntarily. I am fully aware of the legal implications of this agreement. Where necessary, I have sought legal counsel for an explanation of this agreement.

Signature of Participant

Printed Name

Executed in _____
City and State

on _____
Date

BABES Network-YWCA

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MEDICAL INFORMATION

(Please print clearly.)

Name: _____

No drug or alcohol use will be permitted at the retreat, with the exception of prescribed medications such as medical marijuana, which must be approved in advance by your physician in the bottom section of this page. Persons violating this rule will be sent home and will not be invited to next year's retreat. Please use back of form if necessary.

Person(s) to notify in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Allergies (include allergies to food, medication, bee stings, etc.). Please describe reaction.

Limitations to Mobility (wheelchair, walker, visual deficits, etc.):

Please list any medical equipment you are using (IV, oxygen, etc.):

Are there any other medical concerns you feel we should know about?:

Please list all medications you are using. *Required (attach additional page if needed)

Medication/Substance Used	Dose	Side Effects?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

If you will be using a **CONTROLLED SUBSTANCE** you need to have your physician sign this form.

Signature of Applicant

Date

Physician's Signature

Date

Physician's Daytime Phone

Physician's Name (Please Print)

Physician's Emergency Phone

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Annual Leadership Retreat July 8-10, 2011 Camp Burton Vashon Island, Washington

Annual Retreat Scholarship Application

Deadline to submit this form: June 15, 2011

All payments due: July 1, 2011

Scholarships are available to those who cannot pay the registration fee. This application form must be turned in by June 15th in place of registration fee. Scholarships will be reviewed on an individual basis and will be awarded based on need. Payments now being accepted and paying the fee will reserve your space. Five spaces will be reserved for people needing scholarships.

Full Name: _____

Why are you interested in attending the BABES Annual Retreat? (Be specific)

Four horizontal lines for writing an answer.

Please tell us why you're unable to pay the full amount. (Be specific)

Four horizontal lines for writing an answer.

My registration fee is \$50

I can afford to pay (check one):

Options: \$5, \$10, \$15, \$20, \$25, \$30, \$35, \$40, \$45 by Friday, July 1, 2011.

I am able to sponsor another BABES member, money enclosed.

I am requesting a full scholarship.

How will you raise this money? (check all that apply)

Ask family members to sponsor you (5 people giving \$10= \$50)

Ask friends and other people to sponsor you who have supported you through your diagnosis

Ask your church or other community group to sponsor you

Other: _____

Signature: _____ Date: _____

* Payments are non-refundable. We only except cash or money orders!