

Codependence Camp

Natural Bridge, VA

REGISTRATION FORM

Name: _____

Mailing Address: _____

Email Address: _____

Preferred Phone Number: _____

Do you have any special health conditions we should know about?

Do you have any special dietary needs we should know about?

Who should we contact in an emergency?

Name: _____

Address: _____

Phone Number: _____

I am registering for:

All Week-end: _____ Saturday AM: _____ Saturday PM: _____

Cancellation Policy: Full refund *before or on* the date of the Registration deadline.
No refund *after* Registration deadline except for an emergency.

My Registration implies agreement with the following Guidelines and Informed Consent:

CAMP PARTICIPANT GUIDELINES

1. Codependence Camp is a confidential setting. Please do not share the identity or any details that could reveal the identity of any Camp participant past, present, or future.
2. You are invited to share your thoughts, learnings, and issues only as *you* wish throughout Camp.

3. When you do share, please speak from “I.”
4. When seeking something from other participants, be as specific as you can be in asking for what you want (e.g. support, ideas, education) and in communicating if you want more or less of what is being offered or if you are done with the conversations for now.
5. Be mindful of sharing time with all participants. Sometimes space and/or silence are needed to help participants find and express their voice.

INFORMED CONSENT

Codependence Camp is a personal growth experience and is not counseling or psychotherapy. Codependence Camp offers workshops and opportunities for education, skill building, self care, and relaxation. Codependence Camp is not intended to offer or replace the specialized training and professional judgment of a health care or mental health care professional.

I am voluntarily participating in this workshop/Camp for my own benefit and at my own risk. I agree to hold harmless and safe from any and all liabilities the instructors of the workshop/Codependence Camp as well as anyone else associated with this workshop/Camp. If I have any doubt about the impact the workshop/Camp might have on my emotional, mental, physical or spiritual well-being, I will consult with my doctor or mental health professional prior to my attendance. Further, I agree to take full responsibility for my own emotional and physical health and well being throughout this workshop and thereafter.

I agree to respect the confidentiality of all participants in this workshop and to refrain from repeating or discussing personal details that may be shared.

I agree that my use of the premises, facilities, and equipment of Codependence Camp is accepted by me at my own risk and that Codependence Camp is absolved and discharged from all liability for any loss or damage I may incur of my personal property.

Signature: _____ **Date:** _____

Please return this completed form and your payment to:

*Margaret Cress
10316 Lindell Road
Abingdon, VA 24210*

Thank you for your help in ensuring that this Camp is an optimal experience for all.