

Office use only: Date app. Rec'd _____

Amount of Donation _____



Get Back to NATURE(al) Weekend Retreat Application

Adult Participant

SECTION ONE: BACKGROUND INFORMATION

Name: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (State & Zip)

Phone: _____ | _____ email: _____
 (Home) (Cell)

Birthdate: _____ Sex: _____ Height: _____ Weight: _____
 If applicable If applicable

Important: If you have products or services that would compliment this adventure, please make sure you fill out the application completely and list all applicable skills, products or other benefits.

I am a student and I would like information on the following classes, workshops, activities :
 Some classes require pre-registration and are priced by the individual instructor. Please check our website for updated / accurate information on class schedule(s), pricing, etc... <http://www.WyldeThymeFarm.com>

I am a teacher, educator, healer (other) and would like to participate in the following:
 Please provide an overview of your experience for each selection on the space provided on page 2. A brief summary of your class and what a student can expect to gain. Approximately 250 words or less for the class description.

- | | | |
|--|--|---|
| <input type="checkbox"/> American Cancer Society
Diet to Battle Disease : no additional fee. | <input type="checkbox"/> Hiking / Walking | <input type="checkbox"/> Reiki
Pre-registration available-Just ask. |
| <input type="checkbox"/> | <input type="checkbox"/> Feng Shui
Information Pending | <input type="checkbox"/> Rock Climbing/Hopping
Work shops pending approval. |
| <input type="checkbox"/> Biking
BYOB/Bike shop coming soon- fingers crossed. | <input type="checkbox"/> Healing Touch
Information Pending | <input type="checkbox"/> Swimming : Natural or Olympic Pool
Dependent upon weather conditions. \$4.00
Open Memorial Weekend. New Hours-just ask. |
| <input type="checkbox"/> Body Wraps / Stapling
Pricing Varies. Just ask. | <input type="checkbox"/> Long-Term Storage (LTS)
Food to survive on class included.
Purchases available. | <input type="checkbox"/> Sustainable Living
Broadened Horizons - Saturday Classes |
| <input type="checkbox"/> Art Classes
Pre-registration available-Just ask.
Come watch or play! Drop-in's welcome. | <input type="checkbox"/> Facial(s) / Manicure / Pedicure
Information Pending | <input type="checkbox"/> Tea Ceremony
Included at no additional cost. Tea orders taken.
Limit of 8 per class. |
| <input type="checkbox"/> Bio Feedback
Pricing dependent upon class. Just ask. | <input type="checkbox"/> Law of Attraction
Pre-registration available-Just ask. | <input type="checkbox"/> Tie Dye Shirts (Sat. Only) \$5.00 |
| <input type="checkbox"/> CARE Aromatherapy Intensive
MUST SIGN UP :: www.peaceonthehill.com/ | <input type="checkbox"/> Massage
Information Pending | <input type="checkbox"/> Vintage Clothing
Dress up FREE / Photos extra |
| <input type="checkbox"/> Canoe / Kayaking
Dependent upon weather. Price - park fee(s). | <input type="checkbox"/> Meditation
Pre-registration available-Just ask.
Come watch or play! Drop-in's too. | <input type="checkbox"/> Yoga Included at no additional cost,
donations are accepted. |
| <input type="checkbox"/> Diet / Nutrition Cooking Class
Included at no additional cost. | <input type="checkbox"/> Music-Jam / Drumming
Included at no additional cost. | <input type="checkbox"/> _____
Other / Product |
| <input type="checkbox"/> EFT
Information Pending | <input type="checkbox"/> Nature Photography
Included at no additional cost. | <input type="checkbox"/> _____
Other / Product |
| <input type="checkbox"/> Healing Oils of the Bible
Included at no additional cost /
unless for credit. | <input type="checkbox"/> Reflexology
Pre-registration available-Just ask. | <input type="checkbox"/> _____
Other / Product |

Classes subject to change without notice.

Teachers / Demonstrators please list experience here for each checked item. Item number 1

Students use this space to write about your own experience or expectations from your class or work - shop selection(s). Let us know what you would like to see for future Wylde Weekend Retreats!

Teachers / Demonstrators please list experience here for each checked item. Item number 2

Students use this space to write about your own experience or expectations from your class or work - shop selection(s). Let us know what you would like to see for future Wylde Weekend Retreats!

Teachers / Demonstrators please list experience here for each checked item. Item number 3

Students use this space to write about your own experience or expectations from your class or work - shop selection(s). Let us know what you would like to see for future Wylde Weekend Retreats!

Description of Class / Workshop / Event / Activity :: 250 words or less. Please list any special needs.

Students use this space to express any special needs or concerns you may have regarding any of the activities being held. Are you interested in helping organize this event? Just ask!!

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SECTION TWO : MEDICAL CONSENT, EMERGENCY CONTACT & RELEASE :



Medical Insurance Coverage:

Company Name (Blue Cross/ Shield, Medicaid, etc.): _____

Policy Holder's Name: _____

Policy/ Group Number: _____

Primary Care Physician: _____

Address: _____ Phone: _____

Please list any Medication allergies: _____

Please list any Food Allergies: _____

The health history contained in this application is correct so far as I know . I am able to engage in all activities during this event, except as noted by me. I certify to the best of my knowledge that I do not have a contagious or communicable disease or condition. I also understand that the Get Back to NATURE(al) Weekend Retreat Foundation, Inc and its' sponsors are not responsible for illness due to previous poor health conditions or illness incidental to attending the Retreat.

In the event of a serious medical problem the medical staff or the event coordinator or the emergency medical personal, nurses, physicians, and or surgeons will contact parents, spouse or persons listed on the next page to advise them of my condition, treatment, or need for continued medical attention.

In case of emergency contact:

Alternate Contact:

Name

Name

Relationship

Relationship

City

City

State

State

Phone: _____
Home Cell

Phone: _____
Home Cell

SECTION THREE: Physical Restrictions or Impairments

Do you have any diagnosed or undiagnosed disability or special needs? _____

Does your physican approve of physical activity? _____

Please NOTE:: We are not equipped to faciliate any physical restrictions or impairments. _____

RELEASE

In consideration of: "Get Back to NATURE(al)" Weekend Retreat, permitting me to attend the "Retreat" weekend, I the undersigned for myself and or my heirs, executors, administrators, assigns and all legal guardians, **Waive and release any and all rights and claims of any nature, founded in whole or in part upon any type of negligence** that I may have against Wylde Thyme Farms, and all of the co-sponsoring businesses and their representatives, heirs, executors, administrators, successors and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I may suffer while taking part at the "Retreat". **I understand that this means that I agree not to sue any or all of the Released Parties in connection with the event.** I further understand that I assume all risks in participating in the "Retreat". Alcohol, drugs and weapons are forbidden on the camp grounds. Also smoking is permitted only in designated areas. Leaving the campgrounds for any reason during the "Retreat" is permitted, but it is suggested that someone in your group have information on your whereabouts.

Signature: _____

Date: _____

Printed Name: _____

Date: _____

Please complete and sign application and send to address below.

:: INSTRUCTOR FEES ::

**::
FEE\$
::**



Food / Lodging - \$150

Lodging : 3 days & 2 nights.

Meals Included : Breakfast (2);

Lunch (2); Dinner (3); Snacks



Classes/Workshops

Dependant upon the location or needs

of your class, the set up fee may be waived.

For more information contact us!

Some classes, workshops, hiking, yoga, art, music, drumming included.

Others require pre-registration. For a complete listing of class / times / availability / prices :: PLEASE CALL, EMAIL OR CHECK OUR WEBSITE.

PLEASE NOTE: We need your completed application as soon as possible. Deadline extended!

Print the application. Fill it out. Fax or Mail the completed application with number of reservations needed, payment unless otherwise Fax it in. 423.881.5708

All information on this application is required for :: Get Back to NATURE(al) Weekend Retreat use only, and will be held in the strictest of confidence in helping to make the applicant's experience positive and more enjoyable.

:: Information and Class Schedule will be Posted Here ::

(w) www.WyldeThymeFarms.ning.com

(e) wyldehymefarm@yahoo.com

Get Back to NATURE(al) Weekend Retreat

c/o Wylde Thyme Farms

1250 Baker Mountain Road

Spencer, TN 38585

(p) 931.256.0112

(f) 423.881.5708



RELEASE

In consideration of: "Get Back to NATURE(al)" Weekend Retreat, permitting me to attend the "Retreat" weekend, I the undersigned for myself and or my heirs, executors, administrators, assigns and all legal guardians, **Waive and release any and all rights and claims of any nature, founded in whole or in part upon any type of negligence** that I may have against Wylde Thyme Farms, and all of the co-sponsoring businesses and their representatives, heirs, executors, administrators, successors and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I may suffer while taking part at the "Retreat". **I understand that this means that I agree not to sue any or all of the Released Parties in connection with the event.** I further understand that I assume all risks in participating in the "Retreat". Alcohol, drugs and weapons are forbidden on the camp grounds. Also smoking is permitted only in designated areas. Leaving the campgrounds for any reason during the "Retreat" is permitted, but it is suggested that someone in your group have information on your whereabouts.

Signature: _____

Date: _____

Printed Name: _____

Date: _____

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FEES

:: GUEST FEES ::



Food / Lodging - \$150

Lodging : 3 days & 2 nights.

Meals Included Breakfast (2);
Lunch (2); Dinner (3); Snacks

:: OPTIONAL CLASSES ::



Classes/Workshops

For the classes that require pre-registration contact information for the specific class will be provided. Classes are subject to change with out notification.

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Others require pre-registration. For a complete listing of class / times / availability / prices :: PLEASE CALL, EMAIL OR CHECK OUR WEBSITE.

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