

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

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.

*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](http://www.WyldeThymeFarms.ning.com)

**(e)** [wyldehymefarm@yahoo.com](mailto: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

