



2020 Council of Elders Healer, Heal Thyself Retreat
REGISTRATION

(please print)

The 2019 AHVMA Retreat will be held from April 30- May 3, 2020 at the Fort Caswell Coastal Retreat & Conference Center in Oak Island, North Carolina.

Please plan to register early, as space on the Retreat is strictly limited.

2020 RETREAT REGISTRATION INCLUDES

- Three day weekday retreat - arriving Thursday and departing Sunday
• Meals beginning with dinner on the night of arrival and ending with breakfast the day of departure
• Linens are provided

PRE-REGISTRATION IS REQUIRED. REGISTRATION DEADLINE: FEBRUARY 15, 2020 - 4PM EASTERN

ALL pages must be complete - each attendee must submit their own registration packet. Registrations with incomplete or missing information will not be processed.

Form with fields for: Today's date, ATTENDEE CONTACT INFORMATION, Attendee's last name, first name, DVM/VMD/N/A checkboxes, Are you an AHVMA member?, Street address, Home phone no., PO box, City, State, Postal/Zip code, Mobile phone, Email address.

I hold a CURRENT First Aid and CPR certification. Expires: \_\_\_\_\_

Guests are required to complete a SEPARATE registration form. ONE registration form PER ATTENDEE.

## MORE ABOUT YOU

<b>Mobility</b>	<p>Please indicate if you have any mobility/disability concerns.</p> <p><input type="checkbox"/> I have no mobility/disability concerns    <input type="checkbox"/> I have concerns, please see below.</p>
<b>Dietary</b>	<p>Please indicate if you have any special dietary requirements (food allergies, etc.)</p> <p><input type="checkbox"/> I have no special dietary requirements    <input type="checkbox"/> I have special food requirements/allergies, please see below</p> <p>If you have food allergies, please describe here:</p>  <p><small>We will be sharing your comments and requests with Fort Caswell Retreat and Conference Center. Every reasonable effort will be made to accommodate individuals with medically necessary dietary restrictions. We cannot guarantee that every request can be honored or that every allergy can be avoided. If you have numerous and severe restrictions you may wish to make arrangements to ensure your safety and well-being.</small></p>

## EMERGENCY CONTACT (WHO WILL NOT BE AT THE RETREAT)

IN CASE OF EMERGENCY, PLEASE CONTACT

Name of friend or relative:	Relationship:	
Emergency contact mobile phone no:	Home phone no:	Work phone no:

*\*\*All retreat attendees must list an emergency contact. Your registration will not be processed without this information.*

## SPECIAL PROGRAM-KAYAK ON RICE CREEK

We are pleased to offer a 2-hour kayaking experience during the 2020 Retreat.

The fee for this program is in addition to the basic Registration and Lodging fee, and include kayak, life jacket, guide and all needed equipment. Guide gratuities, although not required, are appreciated and at guests discretion. Participants are responsible for their own transportation from Fort Caswell to the kayaking site and return to Fort Caswell.

Please complete lodging  
registration on PAGE 3



## LODGING SELECTION

### ROOMMATE INFO

I am selecting the single occupancy room,

\_\_\_\_\_

and will NOT be sharing this room.

I agree to be responsible for the total room charge.

**- OR -**

I am sharing the double occupancy room,

\_\_\_\_\_

and will be sharing with:

\_\_\_\_\_

who has agreed to be responsible for the total room charge.

*Rooms may not be reserved or held without payment in full.*

### Single Occupancy

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Single Occupancy..... \$210.00

### Double Occupancy

Per person.....\$160.00

*\*amounts above are due in full upon registration, no partial payments or holds permitted.*

*If you will have a roommate in a DOUBLE OCCUPANCY ROOM please indicate in the left hand column with whom you will be sharing this room.*

LODGING COST..... \_\_\_\_\_

*add amount from above*

KAYAK OPTION..... \$60.00

+

REGISTRATION ..... \$150.00

*includes meals, activities (excluding kayak), and administrative fees*

**TOTAL AMOUNT DUE:** \_\_\_\_\_

## PAYMENT METHOD

Check# \_\_\_\_\_ (drawn from a US BANK - payable to AHVMA)

TOTAL Amount: \_\_\_\_\_

### CREDIT CARD INFORMATION

MasterCard  Visa  Discover  American Express

credit card number: \_\_\_\_\_

exp: (mm/yy) \_\_\_\_\_

name on credit card (please print) \_\_\_\_\_

CWV code: \_\_\_\_\_

billing postal/zip code: \_\_\_\_\_

\_\_\_\_\_  
*card holder signature*

\_\_\_\_\_  
*date*

\* WAIVERS ON PAGE 4 & PAGE 6





**\*\* Waiver of Liability \*\***

By registering for and attending the AHVMA Annual Retreat, you, on behalf of yourself and your guests (including, without limitation, family members ("Guests")), assume all risks associated with your attendance and participation in all on- and off-site activities that are part of or affiliated with the AHVMA Retreat. By registering for this event, you, on behalf of yourself and your Guests agree to indemnify, defend, and hold harmless, AHVMA, its officers, directors, employees, and agents from all loss, damages, costs, expenses (including reasonable attorney's fees) or liability arising out of related attendance and participation at the AHVMA Retreat by you and your Guests, including without limitation, personal injury (including death) or any damage caused by you or any of your guests to any venue utilized by AHVMA for the Retreat, or your failure to comply with the applicable law or rules and regulations of the Fort Caswell Coastal Retreat and Conference Center.

**TO THE FULLEST EXTENT POSSIBLE BY LAW, I, ON BEHALF OF MYSELF AND MY GUESTS, DO HEREBY RELEASE, ACQUIT AND FOREVER DISCHARGE THE AMERICAN HOLISTIC VETERINARY MEDICAL ASSOCIATION, ITS OFFICERS, DIRECTORS, EMPLOYEES, INSURERS AND AGENTS OF AND FROM ANY AND ALL MANNER OF CHARGES, CLAIMS, ACTIONS, RIGHTS, DEMANDS, DEBTS, LIABILITY, FOR ATTORNEYS' FEES, DAMAGES OF ANY KIND AND NATURE WHATSOEVER, IN LAW OR EQUITY, INCLUDING BUT NOT LIMITED TO CLAIMS FOR PROPERTY DAMAGE AND/OR BODILY INJURY, RIGHTS RELATED TO PRIVACY OR MISAPPROPRIATION OF IMAGE LIKENESS, EVEN IF CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE, ARISING OUT OF FACTS OF THE AMERICAN HOLISTIC VETERINARY MEDICAL ASSOCIATION, ITS AGENTS, OFFICERS, CONTRACTORS OR EMPLOYEES THAT MAY ARISE OR OCCUR IN CONNECTION WITH OR AS A RESULT OF ATTENDING THE AHVMA ANNUAL RETREAT.**

**\*\* Photography/Video/Recording Release \*\***

AHVMA has photographers/videographers for its events that are authorized by AHVMA to take photos, videos, or make other recordings ("Recordings") of attendees at AHVMA events, or of people participating in functions or activities related to these events. AHVMA may use these Recordings in the future for any purpose, including without limitation, commercial, marketing, publicity, promotions, advertising, educational, or other purposes. By registering for the Retreat or any AHVMA event, you, on behalf of yourself and your Guests, expressly consent and agree to allow AHVMA to make and use Recordings, which may include you, your family members or other Guests (including individuals under the age of 18), in all media formats worldwide for whatever purposes AHVMA deems appropriate. You acknowledge and agree that AHVMA shall own all intellectual property rights, if any, arising in connection with the Recordings, and that neither yourself nor your Guests or children shall receive (or be entitled to receive) any royalties or other compensation from AHVMA for any use of Recordings.

**\*\* Harassment Policy \*\***

The AHVMA is dedicated to providing a harassment-free experience for everyone, regardless of gender, gender identity and expression, sexual orientation, disability, physical appearance, body size, race, ethnicity, age or religion. We do not tolerate harassment of event participants in any form. Retreat participants and/or their Guests violating these rules may be expelled from the Retreat at the discretion of the event organizers.

**\*\* Registration \*\***

Space will **NOT BE HELD** without completed registration form, waiver and payment. Request to attend the retreat does not guarantee your registration to this event. Space for the 2020 AHVMA Retreat is strictly limited. Registration is on a first come first served basis, based on availability.

There will be **NO onsite registrations** or **single day registrations**. Only fully registered individuals will be permitted on the retreat property. Violators of this policy will be invoiced for the full retreat cost, including lodging plus fifty percent (50%) penalty and prohibited from registering for or attending future AHVMA Retreats and events until invoice is paid in full.

**All Retreat attendees are required to submit this waiver to the AHVMA office as part of their registration.** Waivers must be received by: FEBRUARY 15, 2020. AHVMA reserves the right to cancel any registration, without refund, for any attendee who fails to provide a completed waiver by this deadline.

**You will receive email confirmation of your Retreat registration from the AHVMA Office**

\*  **By registering and checking the box, I hereby acknowledge that I have read and understand these instructions and policies.**

\_\_\_\_\_  
\*registrant name (printed)

\_\_\_\_\_  
\*registrant signature

\_\_\_\_\_  
\*date

## 2020 RETREAT FAQ

### Where & When

Fort Caswell Retreat and Conference Center

April 30-May 3, 2020

### Registration

Retreat registration is honored on a first come, first served basis, based on availability. Space is limited. Only completed registrations, with accompanying payment and properly completed AHVMA Retreat Waiver and Fort Caswell information page will be processed. Single day registrations and onsite registrations are not permitted.

Space will NOT be held without appropriately submitted registration materials.

Please include:

- Registration form with preferred method of payment (3 pages)
- Signed Retreat Waivers

### Rates

Single Occupancy        \$360

Double Occupancy        \$310

per person (Must designate the other registered person who will occupy the room)

The rates listed on page three (3) are applicable to the Rooms currently available. These Rooms will be assigned on a first come, first served basis. If we need to add additional lodging options (due to increased registration) the additional lodging may be at a higher rate. Please register early to ensure you will receive currently published rates. Registration fee includes meals, administrative and facility costs.

AHVMA has the right to cancel (without refund) any registration that does not have with it the required AHVMA and Fort Caswell Retreat Waivers. Signed waivers are to be submitted to the AHVMA office at the time of registration, and no later than February 15, 2020.

No one (including guests) will be allowed to participate without both a Fort Caswell and AHVMA signed waiver.

Please submit signed waivers on page four (4) and page six (6)

### Cancellation Policy

Cancellations must be submitted in writing to the AHVMA Office. Written cancellations submitted on or before February 15, 2020 (4pm Eastern) are eligible for a full refund, less a \$45.00 administrative fee per registrant. Any cancellations received after February 15, 2020 (4pm Eastern) are not eligible for a refund.

### Ready to Register?

Submit completed registration via email, fax or postal mail to the AHVMA Office.

Registration with accompanying **waiver** must be received by the AHVMA Office no later than February 15, 2020.

#### EMAIL:

office@ahvma.org

#### SUBJECT:

2020 RETREAT

#### FAX:

410.569.2346

#### ATTN:

MELISSA KELLAGHER

#### SUBJECT:

2020 RETREAT

#### MAIL:

AHVMA

ATTN:

MELISSA KELLAGHER

2020 RETREAT

PO BOX 630

ABINGDON, MD 21009

Please verify you have properly completed ALL sections of your registration forms. Incomplete registrations will not be processed. Rooms will not be held without payment.

### \*\*\* CONFIRMATION \*\*\*

The AHVMA Office will send confirmation VIA EMAIL within 3 business days of receipt of complete registration, payment, and waivers.

If you have submitted your registration, waivers and payment and have not received your confirmation, or heard from us within 3 business days, call us at 410-569-0795 to verify we have received your information.

## **Fort Caswell Coastal Retreat and Conference Center General Policies and Procedures**

### **Purpose Statement**

Fort Caswell is owned and operated by the Baptist State convention of North Carolina for the purpose of providing a facility for programs, activities, and retreats of the General Board, Associations, Churches, Agencies and Institutions of the Baptist State Conventions of North Carolina. Fort Caswell welcomes guests from other denominations, schools, universities, community organizations and other non-profit groups as well. Fort Caswell's mission is to provide experiences that amplify God's voice in a unique Christian environment. Use of Fort Caswell by entities not affiliated with the Baptist State Convention of North Carolina does not imply alignment or sympathy with, nor endorsement by the Baptist State Convention of North Carolina.

### **Check-in /Check-out**

Check-in starts at 4:00 pm and Check-out is by 10:00 am.

### **Meal Times**

Please note the meal times are as follows: Breakfast 7:30 - 8:30,

Lunch 12:00 - 1:00, and Dinner 5:30 - 6:30. Fort Caswell reserves the right to stagger groups within these meal times in order to help alleviate long lines. Fort Caswell is not equipped to serve guests with severe food allergies and as such, guests with severe food allergies should make plans to provide their own food for their safety.

### **General Policies**

- Pets are not permitted on campus.
- Minibikes and skateboards are prohibited.
- Alcohol and illegal drugs are prohibited on campus.
- Be careful exploring the forts by day and please refrain from exploring at night.
- Groups with minors must provide proof of background checks being preformed on all chaperones.
- All buildings are smoke free.
- Swim is at your own risk during non-summer months at the beach. The only safe swimming area at the beach is by the Lifeguard stand near the gate end of campus.
- Fort Caswell requires chaperones for minors: One adult for every eight youth of the same gender.

I have read the above policies and understand that I am required to comply with this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_