Living With An AVM Retreat - Participant Intake & Release Form

Confidential – For Retreat Use Only

Participant Information

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Address: _____
Emergency Contact Name & Relationship: _____
Emergency Contact Phone: _____

Medical History

1. Have you been diagnosed with an AVM or experienced a stroke?
   ☐ Yes ☐ No
   If yes, please describe briefly:
   _____
2. Date of AVM rupture, stroke, or major surgery (if applicable):
   _____
3. Are you currently under a physician's care for any medical condition?
   ☐ Yes ☐ No
   If yes, please explain:
   _____
4. Do you have any physical limitations, mobility needs, or accessibility requirements?
   ☐ Yes ☐ No
   If yes, please describe:
   _____
5. Are you currently taking medications we should be aware of in an emergency?
   ☐ Yes ☐ No

Medication(s) & Purpose

_____

6. Do you have any dietary restrictions or allergies?
   ☐ Yes ☐ No
   Please list:
   _____

Emotional Readiness

1. Are you currently in counseling or receiving emotional support?
   ☐ Yes ☐ No

2. Are you open to participating in group support circles?
   ☐ Yes ☐ No

3. Is there anything you'd like us to know about your emotional well-being?

Retreat Agreement & Release of Liability

By signing below, I acknowledge and agree to the following:

- I have voluntarily chosen to attend the *Living With An AVM Retreat*.
- I understand that the retreat may include massage, sound healing, walking, group support sessions, and other therapeutic or wellness activities.
- I affirm that I am physically and mentally able to participate in retreat activities, or I have disclosed any relevant limitations above.
- I understand that *Living With An AVM* and its organizers are not licensed medical providers and do not offer medical treatment.
- I release *Living With An AVM*, its directors, facilitators, and volunteers from liability for any injuries, emotional distress, or damages that may arise from my participation, except in cases of gross negligence or intentional harm.
- I give permission for emergency medical care if necessary and understand that I am responsible for any associated costs.

Signature: _____
Date: _____