

# 2017 QUALITY OF LIFE RETREATS APPLICATION

**Celebrate Life at  
Quality of Life Retreats**

## APPLICANT INFORMATION

Additional information can be found on our website

[QualityofLifeRetreatsHIV.org](http://QualityofLifeRetreatsHIV.org)

**MUST BE FILLED  
OUT COMPLETELY  
TO BE ACCEPTED**

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY /STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HAVE YOU ATTENDED A PREVIOUS QUALITY OF LIFE RETREAT? YES  NO

WHO REFERRED YOU TO QUALITY OF LIFE RETREAT? \_\_\_\_\_ When: \_\_\_\_\_  
(Circle one below)

GENDER:  Male  Female  Transgender (Male) (Female) **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DO YOU USE INTERPRETIVE SERVICES? NO  YES  TYPE: ASL  SPANISH  OTHER  \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

RELATIVE/FRIEND

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

## TRANSPORTATION

WE OFFER ROUNDTRIP BUS TRANSPORTATION FROM BALTIMORE CITY.

RESERVE A SEAT ON THE BUS  HAVE OWN TRANSPORTATION - NEED DIRECTIONS  OTHER  \_\_\_\_\_

**CHECK LIST: Please ensure you have completed this checklist prior to mailing your QOL Retreats Application.**

- ALL 3 PAGES OF THIS APPLICATION MUST BE COMPLETE AND SIGNED**
- INCLUDE YOUR NON-REFUNDABLE FEE of \$20.00 (MONEY ORDER ONLY)**
- DO NOT FILL IN THE "PAY TO" PORTION, OF YOUR MONEY ORDER**

I understand and agree to obey by the QLR Rules included in this application. I acknowledge this is an organized HIV Retreat and that I intend to participate fully in the Retreat and Retreat activities including workshops sessions, and group related activities. I understand that if I violate this agreement or any of the QLR Rules I will be asked to leave at my own expense. As part of our commitment to attending a retreat we make an agreement with each other to stay together on-site as a Retreat Community. Upon acceptance to the Retreat your fee will become non- refundable. I understand that my safety and well-being are primary concerns for Retreat Staff; consequently, I acknowledge the possibility that if Staff Members determine that my overall health status, upon arrival or any time during the retreat, prevents my safe participation in retreat activities I will be advised to leave the retreat, and *Retreat Staff* will arrange (not provide) for return to my permanent residence.

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MAIL APPLICATION & MONEY ORDER TO:

ANGEL L. ORTIZ - QLR - PO BOX 1588 ANNAPOLIS, MD. 21404-1588

Questions Call: **(443) 440-2312**

**PLEASE CHECK THE RETREAT THAT YOU WOULD LIKE TO ATTEND**

August 17 - 20, 2017  December 4 - 7, 2017

Manidokan Retreat Ctr. Washington Retreat House  
Knoxville, MD. Washington, D.C.

**Upon Acceptance to the Retreat your fee will be NON-REFUNDABLE**

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*Updated*

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Rev.02.15.17

## HEALTH & HISTORY FORM

**MUST BE FILLED  
OUT COMPLETELY  
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Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

What is your diagnosis? HIV+  AIDS  NON-HIV  Date of Birth: (DOB): \_\_\_\_/\_\_\_\_/\_\_\_\_ STAFF/TEAM/VOLUNTEER

**Please share with us any additional conditions and treatments that you have:**

- Asthma  Diabetes  Dialysis  Epilepsy/Seizures  Hearing Impaired (deafness/hearing loss)  Hepatitis C   
 High Blood Pressure  Impaired Vision (blindness)  Mental Health  Methadone  Prescribed Medical Marijuana   
 (Must have *Written Certification* and/or *Patient ID Card* for that State or DC)  
 Peripheral Neuropathy  Problems Walking  Substance Abuse Treatment/(Recovery)  Tuberculosis (positive test)

**Please share with us any additional information you would like us to know** \_\_\_\_\_ None

**ALLERGIES:** Food  \_\_\_\_\_ Medications  \_\_\_\_\_ Bee/Wasp Stings  \_\_\_\_\_ None

Describe what happens to you and what you normally would do:

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**Dietary Restrictions:** Low Salt  No Eggs  No Milk  No Nuts  No Pork   
 No Seafood  Vegetarian  No/Low Sugar  Not Applicable (NA)/None

**I use a:** Cane  Walker  Wheelchair  Other: \_\_\_\_\_ Not Applicable (NA)/None

**I would say overall my health today is:** Excellent  Good  Fair  Poor  Very ill

**HIV DOCTOR/SPECIALIST**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY/PRIMARY CARE DOCTOR/PRACTITIONER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHECK OFF THE CURRENT HIV MEDICATIONS BELOW THAT YOU ARE TAKING:**

Single-Tablet Regimens	(NRTIs or nukes)	(NNRTIs) non-nukes	(PIs)	Entry Inhibitors	Integrase Inhibitors
<input type="checkbox"/> Atripla <input type="checkbox"/> Complera <input type="checkbox"/> Genvoya <input type="checkbox"/> Odefsey <input type="checkbox"/> Stribild <input type="checkbox"/> Triumeq	<input type="checkbox"/> Combivir <input type="checkbox"/> Descovy <input type="checkbox"/> Emtriva <input type="checkbox"/> Epivir* <input type="checkbox"/> Epzicom <input type="checkbox"/> Retrovir* <input type="checkbox"/> Trizivir <input type="checkbox"/> Truvada <input type="checkbox"/> Videx EC <input type="checkbox"/> Viread <input type="checkbox"/> Zerit* <input type="checkbox"/> Ziagen	<input type="checkbox"/> Edurant <input type="checkbox"/> Intelence <input type="checkbox"/> Rescriptor <input type="checkbox"/> Sustiva <input type="checkbox"/> Viramune	<input type="checkbox"/> Aptivus <input type="checkbox"/> Crixivan <input type="checkbox"/> Evotax <input type="checkbox"/> Invirase <input type="checkbox"/> Kaletra <input type="checkbox"/> Lexiva <input type="checkbox"/> Norvir <input type="checkbox"/> Prezobix <input type="checkbox"/> Prezista <input type="checkbox"/> Reyataz <input type="checkbox"/> Viracept	<input type="checkbox"/> Fuzeon <input type="checkbox"/> Selzentry  <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <b>PK Enhancer</b> </div> <input type="checkbox"/> Tybost	<input type="checkbox"/> Isentress <input type="checkbox"/> Tivicay <input type="checkbox"/> Vitekta

**PLEASE LIST ALL other MEDICATIONS and Dosages** including over-the-counter drugs such as Tylenol, Motrin etc. that you use. Please bring enough medications and equipment or supplies needed to last the entire time of the Retreat. Please keep your medications in their original bottles/packages that identifies the drug dosage, times you take it and prescribing healthcare provider. Anytime you travel it is good idea to carry with you basic health information. Be sure to bring your Health Insurance Cards in case you need to visit a hospital emergency room.

**PLEASE PRINT CLEARLY**

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**Nurses Note:** \_\_\_\_\_

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## Quality of Life Retreats Rules

1. **Commitment as a Retreat Community** – As part of our commitment to attending a retreat we make an agreement with each other to stay together on-site as a retreat community.
2. **Confidentiality** – The Board of the Quality of Life Retreats goes to great expense and effort to insure the personal privacy of each participant attending the Retreat.
3. **Appropriate Behavior** – Participants are expected to behave respectfully and appropriately at all times. Sexual activity occurring during the Retreat is inappropriate. Sexual acts of any kind regardless of your relationship with the other person are **strictly forbidden**.
4. **Mobile, Smart Phones, Cell Phones, PDA's, Cameras (other Media Devices)** - As stated previously, we consider confidentiality a priority. Photos which are taken, stay within the organization or among participants. UNDER NO CIRCUMSTANCES ARE PHOTOS OR LIVE STREAMING ALLOWED AT A RETREAT EXCEPT DURING SCHEDULED FREE TIME AND ONLY WITH THE INDIVIDUAL'S PERMISSION. We are aware of the electronic capabilities of today's technology (cell, mobile, smart phones, PDA's, cameras and a multitude of other devices), so to avoid any misinterpretation that may occur using these devices, while at a retreat, we suggest you check the schedule of events for free time and use this time to do your calling, otherwise power down, unplug and take what we are certain is a well-needed break from the world of electronics. You may be asked to sign a Permission and Media Release Form for Photography and Video/Audio Recording if the Board of Directors decides that an event or occasion would enhance our efforts to interpret, promote and raise support for the Quality of Life Retreats. If and when the board assigns someone to shoot photos or record video and/or audio at a Quality of Life Retreat, at the retreat director's discretion, he or she shall abide by the same restrictions and covenants that apply to retreat participants.
5. **Smoke – Tobacco Free Organization** - QLR Retreats are a Smoke-Tobacco Free Ministry of the Baltimore-Washington United Methodist Church. As of February 1, 2008 Maryland law requires all enclosed workplaces be 100% smoke free.

**Smoke/Tobacco-Free** - This means that smoking, the use of smokeless tobacco products, the use of unregulated nicotine products, and the use of e-cigarettes is strictly prohibited at all of our Retreats which are all held on private property.

**Smoking means** – inhaling, exhaling, burning, or carrying of any lighted or heated tobacco product, as well as smoking substances that are not tobacco, and smoking instruments.

**Tobacco Product means** – all forms of tobacco, including but not limited to cigarettes, cigars, pipes, hookahs and all forms of smokeless tobacco including e-cigarettes, e-cigars, e-pipes, and vape pens, which function as smoking devices and vaporize herbs, oils or wax.

**Tobacco-Related means** - the use of tobacco brand or corporate name, trademark, logo, symbol, motto, or selling message that is identifiable with those used for any brand of tobacco products or company which manufactures tobacco.

**Tobacco Use includes** – inhaling, smoking, chewing, dipping, vaping or any other assimilation of tobacco products.

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### *Quality of Life Retreats Rules*

*Continue:*

**Exceptions** – Smoking may be permitted under the following circumstances: When the Retreat Facility has a written smoking policy which allows for a designated outdoor smoking area during specified hours.

6. **No illegal drugs or alcohol on the Retreat** – We have zero tolerance for the use of illegal drugs (any drugs or substance that you do not have a prescription for). Possession and/or use of illegal drugs/substances during a retreat shall be just cause for immediate dismissal from the Retreat. **THERE ARE NO EXCEPTIONS!!**
7. **Weapons:** Participants **SHALL NOT** bring or have in their possession or vehicle any type of **WEAPONS, KNIVES, FIREARMS** or anything that may be reasonably construed by Quality of Life Retreats as a weapon. Quality of Life Retreats has a **ZERO-TOLERANCE** policy for any type of weapon(s) on the grounds/premises/property of any events.
8. **Quiet Times** – After hours begins at 11:00 p.m. There is to be no loud talking, dancing, laughing, music playing, etc. in the rooms. Please remember that the walls between the rooms are not that thick and sound will carry through them. Please check with the Retreat Director for the approved designated area(s) for “After Hour” activity.
9. **NO EXCEPTION** - I understand that if I violate any of these rules I will be asked to leave at my own expense and will be ineligible to attend any of the four (4) yearly retreats for one (1) year.

*Revised 7/18/15*

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## RELEASE OF LIABILITY

Quality of Life (QLR) Retreats, related to the Baltimore-Washington Conference of The United Methodist Church, offers a variety of services and voluntary activities designed to enrich the "Retreat" experience in various locations. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, it may also include the sponsorship of challenging and educational activities often associated with a rural Retreat and the outdoors, such as hiking/walking, swimming, outdoor games, campfires, and the like. Both Participants and Volunteers may have the opportunity to participate in some or all of these activities.

While each Retreat will endeavor to assure the safety of its Participants and Volunteer's, there are unavoidable risks of injury—and even death—associated with Retreats and its related services and activities. Consequently, a properly executed Release of Liability is required before anyone may attend a Retreat as either a Participant or a Volunteer. Such a Release of Liability is set forth below. If you are a prospective Participant or a Volunteer eighteen (18) years of age or older, you must print your name below and then sign and date the line designated "Adult Retreat Participant or Volunteer" and submit it along with your completed application in advance to the Retreat Director. You are encouraged to consult an attorney if you have any questions about the meaning of this document.

I, \_\_\_\_\_ acknowledge and agree to the following:  
**(Print Legal Name of Participant or Volunteer staff 18 and older)**

1. I have read and understand the risks summarized above;
2. I understand that my participation in Retreat activities and receipt of any Retreat services is voluntary;
3. In consideration of attending a Quality of Life Retreat as a Participant or Volunteer, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Baltimore-Washington Conference and the Quality of Life Retreats I attend, including the Owners, Trustees, Officers, Committee/Board Member's, Employees, Nurses, Agents and Volunteers of these entities, harmless from any and all claims or suits arising in any way from my voluntary attendance at a Quality of Life Retreat for injury to my person or property or my death caused by the negligence of these entities and/or individuals;
4. I understand that I am voluntarily participating in this Retreat and I choose to do so in spite of possible risks and in spite of this Release. I therefore, agree to assume and take on myself all of the risk and responsibilities in any way associated with this activity. In consideration of and for the return of the services, facilities and other assistance provided to me by the QOL Retreats, I understand that this Release covers liability, claims and actions caused entirely or in part by acts or failures on my part, including but not limited to negligence, mistakes or failure to supervise.
- 5) I understand that this Release means I am giving up, among other things, rights to sue the QOL Retreats and its Owners, Trustees, Officers, Committee/Board Member's, Employees, Nurses, Agents and Volunteers of these entities Agents for injuries (including death) damages, or loses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

I have read this entire Release, I understand it, and I agree to be legally bound by it.

\_\_\_\_\_  
**Adult Retreat Participant or Volunteer - - - Legal Signature**  
(Participant or Volunteer must be 18 or Older)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

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