



Dear Sister,

We are thrilled that you will be joining us for the upcoming 2017 **VOICE of Peace Retreat** at Strong Rock in Cleveland, GA. The retreat will begin on Friday, May 5<sup>th</sup> at 5 p.m. and conclude at 2 p.m. on Sunday, May 7<sup>th</sup>.

Please print and complete the attached registration packet and mail to:

VOICE Today, Inc.  
3855 Shallowford Rd., Suite 110  
Marietta, GA 30062

OR

Scan & e-mail to [retreat@voicetoday.org](mailto:retreat@voicetoday.org)

***All registration and guest information is strictly confidential.***

If you have any questions contact us at [retreat@voicetoday.org](mailto:retreat@voicetoday.org) or call 678.578.4888.  
We look forward to serving you!

Angela Williams  
Founder/CEO  
VOICE Today, Inc.

Lisa Runkle  
VOP Director

# VOICE OF PEACE- Adult 2017 Retreat Application

Today's Date: \_\_\_\_\_ Retreat Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Please add me to VOICE Today's Event Email List? \_\_\_\_ yes \_\_\_\_ no

Number of Children? \_\_\_\_ Ages \_\_\_\_\_ Gender \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

What do you hope to gain from attending Retreat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your greatest struggle?

\_\_\_\_\_

Do you have any special needs that we should know about?

\_\_\_\_\_

\_\_\_\_\_

\* Need Based Scholarships are available exclusively for first time participants – a separate application is required.

\_\_\_\_\_

To secure your reservation, send this application with (early bird fee) of \$500. After March 15, the cost is \$625.00.  
Send your non-refundable registration fee to:

VOICE Today, Inc.  
3855 Shallowford Road, Suite 110  
Marietta, GA, 30062  
Or pay by credit card at [www.voicetoday.org/donate](http://www.voicetoday.org/donate)

## Assessment

On a scale of 1-10 - **1 being the least and 10 being the greatest** – please rate the following symptoms and their frequency:

### Symptom

**Fear**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Anxiety**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Insecurity**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Suicidal Thoughts**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Depression**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Shame**                            1    2    3    4    5    6    7    8    9    10

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Compulsions/  
Addictions**                            1    2    3    4    5    6    7    8    9    10  
(any kind)

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Self-harm** (cutting,    1    2    3    4    5    6    7    8    9    10  
burning, etc..)

Frequency (Circle One)                            Daily    Weekly    Monthly    Yearly  
Specify Approx. # of times \_\_\_\_\_

**Additional Question:**

**Have you ever been subjected to Ritual/Occult Abuse? \_\_\_\_\_ Age \_\_\_\_\_ Length of Ritual/Occult Abuse \_\_\_\_\_**

**Serious Physical Illness Diagnosis \_\_\_\_\_ Name of Illness(s) \_\_\_\_\_**

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**Are you currently under the care of a Mental Health Professional? \_\_\_\_\_**

**Name of MHP \_\_\_\_\_ Phone \_\_\_\_\_**

**Are you a member of a Support Group? \_\_\_\_\_ Explain \_\_\_\_\_**

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**THIS ADULT RETREAT RELEASE** (this “Release”) is executed on the date set forth under the signature below, by \_\_\_\_\_, a resident of \_\_\_\_\_ (the “Participant”), and participant in the Voice of Peace retreat, taking place in \_\_\_\_\_ (the “Event”)—a retreat for adult survivors of child sexual abuse, and the sponsor and organizer of the Event, Voice Today, Inc., a Georgia corporation (“Voice Today”), with its main address at 3855 Shallowford Road, Marietta, Georgia 30062, and its directors, officers, employees, volunteers, and agents (collectively, the “Released Parties”).

I am submitting this Release to Voice Today with the understanding that it will be relied upon to determine whether I am entitled to participate in the Event and as a condition to such participation.

I currently reside at \_\_\_\_\_. I, on my own behalf and on behalf of my heirs and assigns, do hereby now and forever fully and finally release, remise, acquit and discharge the Released Parties, of and from any and all rights, claims, debts, damages, demands, actions, liabilities, responsibilities, causes of action, covenants, suits and judgments, of any kind or nature whatsoever, whether known or unknown, developed or undeveloped, anticipated or unanticipated, discoverable or undiscoverable, which I or Participant have or may have or may claim to have against any of the Released Parties, arising out of or in any way related to Participant’s participation in the Event.

I understand that during the Event activities and sessions, volunteers, other participants or any of the Released Parties may engage in behavior such as comforting physical touching or hugging. I also understand that volunteers or employed staff of Voice Today rendering services and providing support at the Event are not claiming to be and are not licensed therapists, counselors or doctors and that the counseling and support provided is not intended to be or replace psychological and/or psychiatric therapy within the definitional terms utilized by those professions. I acknowledge that Voice Today is not responsible for the information provided by guest lecturers or in presentations. I understand and acknowledge that none of the information or services provided, or any of the advice shared with me during the Event or in connection with same during my relationship with Voice Today are designed or meant to replace the advice of law enforcement, an attorney, therapist, licensed counselor, doctor, financial advisor or any other professional. I hereby release, discharge and agree to hold harmless all Release Parties, from any liability arising from the actions or inactions of any other participants in the Event or other third parties involved in the Event. I understand and acknowledge that Voice Today and all Released Parties are committed to keeping my personal information (outside of my first name) confidential and that such personal information will be shared only between volunteers and the Released Parties. I assume full responsibility for sharing any additional information about myself with other participants or third parties during or in connection with the Event and for any relationships developing with other individuals participating in the Event. I fully release, discharge and agree to hold harmless all Released Parties from any liability arising from my voluntary disclosure of personal information and the related actions or inactions of any other participants in the Event or other third parties involved in the Event.

Furthermore, I hereby assume all risk of personal injury, known and unknown, including, sickness, death, damage (both personal and property) and expenses arising from my participation in all activities, including recreation and work activities, involved in the Event. I acknowledge that it is my sole responsibility at all times to inform volunteers and Voice Today staff of any activities in which I do not wish to participate. In addition, I authorize and grant permission to furnish all necessary transportation (if any), food, lodging, and medical treatment. I give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel.

Voice Today reserves the right to ask any participant to leave the Event at any time, for any reason, in its sole and exclusive discretion. The safety and welfare of Event participants and Voice Today and its staff, volunteers and guests are of paramount importance to Voice Today. I agree to follow and abide by the rules of conduct, whether communicated in writing or orally, and set by the staff and volunteers for the Event. I agree to indemnify and hold harmless all Released Parties against claims from other participants or third parties caused

by my behavior or violation of any conduct rule. I release the Released Parties from any liability in connection with any action taken by its volunteers or staff in order to preserve welfare or safety of any Event participant and acknowledge that such actions are in the sole discretion of Voice Today its volunteers and staff. This Release is intended to be as broad and inclusive as permitted under and by the laws of Georgia in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of Georgia, without giving effect to the State's choice or conflicts of law provisions. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

For my own safety, I am being asked to and agree to share and hereby provide the following accurate and complete emergency, insurance, and medical information:

Emergency Contact

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

Emergency Contact

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

Insurance

Insurance Company: \_\_\_\_\_  
Insurance ID #: \_\_\_\_\_  
Insurance Group #: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_

Medical Information

Main Physician (include. city/state): \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Special Needs: \_\_\_\_\_

I hereby give permission to Voice Today to provide, seek and consent to emergency treatment for Participant as may be necessary in Voice Today's sole and exclusive discretion, including, but not limited, to x-rays, treatments and hospitalization. I also give permission to Voice Today to arrange for any medical or emergency transportation that may be required. I agree to indemnify and hold harmless all Released Parties from any costs or expenses caused by any treatment or administration and claims against any Released Party in connection therewith.

I represent, warrant, covenant and agree that I am undertaking participation in the Event entirely of my own choice and volition, and that it has not been requested, suggested or required in any way by any of the Released Parties that I undertake participation in the Event.

**IN SIGNING THIS RELEASE, I HEREBY ACKNOWLEDGE AND REPRESENT THAT (I) I HAVE READ THIS ENTIRE DOCUMENT, (II) I UNDERSTAND ITS TERMS AND PROVISIONS, (III) I UNDERSTAND IT AFFECTS MY LEGAL RIGHTS (IV) IT IS A BINDING AGREEMENT, AND (V) I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.**

**IN WITNESS WHEREOF**, I have executed this Release as of the date provided below.

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

**VOICE Today, Inc.  
Consent and Permission**

I hereby authorize and consent that VOICE Today, Inc. shall have the right to copyright, publish, use or assign all photographic portraits or pictures, television spots, film, videos, internet postings, or sound recordings or any part thereof that may have been taken of me on this date in written or electronic format, video or film for promotional and advertising purposes in any media including the world wide web related to the VOICE Today, Inc. brand experience.

I hereby waive any right of inspection and pre-approval and claims for compensation.

If you choose not to consent please avoid being photographed as a part of the group photos.

\_\_\_\_\_  
Signature of participant or Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)