

Sister Soul Summit 2021

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WELCOME LETTER



Welcome to Sister Soul Summit 2021!

We are so excited to have you join us during this magical weekend getaway to Moose Camp, Clearwater, BC!

Many of us have had a ... *challenging* year or so and it's time for us ladies to come together and shed the past, center and clear the space to make room for amazing opportunities.

So thanks for being part of this exciting weekend as we take time to learn more about our *POWER SOURCE* by getting back to our roots in nature.

~ *Connection. Peace. Discovery.* ~

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HELPFUL TIPS FOR GUESTS



When You Arrive

Please enter off '*ROAD*' and follow the signs and park in the parking lot.

At 3:00 pm we will check-in in the parking lot.

During check-in, your host, Julie Bonnamour, will collect your signed and completed Health Questionnaire & Liability Waiver (pages 12-15 of this document) if you haven't already emailed them to sistersoulsummit@gmail.com.

Once You Have Checked-In

At 3:15 pm we will all walk into camp.

At 4:00 pm you're welcome to get settled into your cabin for the weekend.

At 5:00 pm we will have a meet and greet in the **Dining Hall**. :)

Thursday Snack

Once at camp, a light snack will be provided for you to enjoy in the Dining Hall.

At 6:00 pm we will have dinner in the Dining Hall.

Study the Map

With more than 600 acres of property, it's a good idea to familiarize yourself with the camp's layout.

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HELPFUL TIPS FOR GUESTS (continued)



Choose Your Own Experience

There is so much to do at SSS 2021! We encourage you (and your group if you're coming with one) to check out our list of activities and decide which ones you'd like to do (and when).

Activity signup will be held on Thursday from 6-7:45pm and 9:45-10:45pm in the Dining Hall, with a limit of two activities per person.

Summit Host

Julie Bonnamour will be your host and is available to answer any questions you may have before, during and after the event.

Call: 250.674.3275

Email: sistersoulsummit@gmail.com

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PACKING LIST

- Journal & pen
- Sunscreen
- Bug spray
- Hat
- Swim suit
- Towel
- Toiletries
- Comfortable clothes for yoga, walking and relaxing
- Phone Chargers (note there is no wifi)
- Camera (and SD, batteries, etc.)
- Flashlight (for the late-night journey to the outhouse)
- Favourite teas or snacks

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SSS 2021 TENTATIVE SCHEDULE



<i>Thursday, September 23, 2021</i>	
3:00 PM	MEET IN PARKING LOT
3:15 PM	WALK INTO CAMP
4:00 PM	SETTLE IN
5:00 PM	MEET N GREET
6:00 PM	DINNER
7:30 PM	VISION FOR WEEKEND
8:00 PM	SINGING BOWLS
8:30 PM	SHARING
9:00 PM	?
<i>Friday, September 24, 2021</i>	
6:30 - 8:30 AM	BREAKFAST
9:30 AM	ACTIVITY CHOICE
10:45 AM	ACTIVITY CHOICE
12:00 PM	LUNCH
1:15 PM	FREE TIME/ PRIVATE BOOKING
2:30 PM	ACTIVITY CHOICE
3:45 PM	ACTIVITY CHOICE
5:00 PM	FREE TIME/PRIVATE BOOKING
6:00 PM	DINNER
7:30 PM	REGRESSION
8:00 PM	SHARING
8:30 PM	SINGING BOWLS

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SSS 2021 TENTATIVE SCHEDULE (continued)



<i>Saturday, September 25, 2021</i>	
6:30 - 8:30 AM	BREAKFAST
9:30 AM	ACTIVITY CHOICE
10:45 AM	ACTIVITY CHOICE
12:00 PM	LUNCH
1:30 PM	
2:00 PM	
6:00 PM	DINNER
<i>Sunday, September 26, 2021</i>	
6:30 - 8:30 AM	BREAKFAST
12:00 PM	DEPARTURE

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ACTIVITIES

INCLUDED

- Vision for the Weekend
- Singing Bowls
- Sharing
- Regression
- Night Walk

OPTIONAL

- Forest Therapy Walk
- GB Gravity Yoga
- Regression
- Life Coach
- Roaring Release
- Wildcrafting a Self-Care Product
- Wildcrafting Tea
- Making Perfume from nature
- Free Time (Walk, Swim, Nap, Read, Unplug ...)

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MAP OF MOOSE CAMP



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DRIVING DIRECTIONS & MAP

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EMERGENCY INFORMATION

Host Julie Bonnamour is certified in Wilderness First Aid, and will be your point of contact should there be any minor or (in the unlikely event) major emergencies.

During the day and at night, Julie can be located **by radio on channel #4**. Julie would then contact the local emergency dispatch using the internet access in the main resident cabin.

NOTE:

Moose Camp staff cannot transport injured guests, therefore you will be responsible for transportation to and from Dr. Helmcken Memorial Hospital in Clearwater, BC (250.674.2244), which is the closest facility for **after-hour** emergencies.

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LIABILITY WAIVER



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Name of Participant: _____

Date of Program: _____

In consideration of the services of Sister Soul Summit, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Sister Soul Summit, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; equipment failure; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, Sister Soul Summit employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, incorrect information, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SY/CRP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Sister Soul Summit equipment or facilities, including any such claims which allege negligent acts or omissions of Sister Soul Summit.
4. Should Sister Soul Summit or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

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LIABILITY WAIVER (continued)



5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage
6. myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
7. In the event that I file a lawsuit against Sister Soul Summit I agree to do so solely in the Thompson Nicola Region, and I further agree that the substantive law of the province shall apply in that action without regard to the conflict of law rules of that province. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the Sister Soul Summit on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

If Under 18, Signature of Parent or Legal Guardian: _____

Address _____

Email _____

Phone _____

Date _____

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HEALTH QUESTIONNAIRE



Date: _____

Full Name: _____ DOB: _____

Address: _____

email: _____

Phone: _____ Alt Phone: _____

Primary Care Physician: _____

Physician Phone number: _____

Medical Insurer _____ Group | Policy No _____

Emergency Contact: _____

Relationship: _____

Phone: _____ Alt Phone: _____

Does your doctor know you are going to participate in this program? Yes No

Does your emergency contact person know you will participate? Yes No

Do you wear a Medic-Alert Tag or any other marker of a medical problem? Yes No

If yes, please describe:

Do you have allergic or anaphylactic reactions to any insults, such as environmental substances, foods, drugs, insect bites or stings? Yes No

If yes, please describe, and let us know if you carry an Epi pen or other fast-acting medication:

If you walked on the level for a mile at an average pace would you get out of breath, have pains in the chest, develop muscle fatigue or have pains in your legs? Yes No

Describe your degree of fitness in your own words:

Do you have any other health-related disease, condition, or concern that program guides should be aware of? Yes No

If yes, please describe:

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HEALTH QUESTIONNAIRE (continued)



This information is accurate and complete. I agree to communicate fully with program instructors and Guides any health concerns that may arise. I give my permission to staff of the Association of Nature and Forest Therapy Guides to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. I understand that should I need medical care for any reason while participating in this program the role of Guides will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

SIGNATURE: _____