



Presents

IT'S A NEW DAY!

♡ Women's Cancer Survivor Retreat ♡

Join us as we unite together to celebrate Life!

When:

Where: Emrich Retreat Center
7380 Teahen Road
Brighton, Michigan 48116

Why: The retreat is designed to assist women who have completed their cancer treatments an opportunity to understand their new life as a survivor. *How Do I go on with my Life? How Do I move forward?*

What: The weekend begins Friday evening and will consist of various activities including speakers, nutrition, journaling, massages, yoga, fellowship and much more. It will energize and rejuvenate!

Join us for the fun!

Who: *Hearts2Love* is a 501(C)(3) non-profit organization dedicated to providing supportive services to men, women and children whose lives have been touched by cancer. Our goal is to offer educational programs and retreats designed to bring comfort, inspire courage, develop creativity and promote self-reliance through positive life changes. *Hearts2Love* is committed to making a difference in our community by putting these programs into action enabling each individual to understand his/her self-worth.

Cost: \$35.00 donation is appreciated, but not required. Includes lodging, meals and all activities. (Transportation is not provided.)

Space is limited.

Questions? Call Linda at 734-674-8000

This program is being offered with support from Henry Ford Cancer Institute

*** You must have completed cancer treatments to attend.**



It's a New Day!
Women's Cancer Retreat

REGISTRATION

Name _____
Address _____
City, State, Zip _____
Phone Home _____ Cell _____ Work _____
E-Mail address _____
Date of Birth _____

Emergency Contact Information:

Name _____
Relationship _____
Address _____
Phone _____ Cell _____

Health Information: Clinic/Hospital where you received care: _____

Name of Physician _____
Phone _____
Diagnosis _____ Date of Diagnosis _____
Date of Last Treatment _____
Other Medical Issues _____
Allergies _____

Mail registration form with \$35 donation to:

Hearts2Love
6103 Nottingham Pointe
Brighton, Michigan 48116

**Please call 734-674-8000 after deadline for reservations*



**Consent Release from Liability Assumption of Risk Medical
Treatment Permission Slip and Media Release Waiver**

Name _____

Address _____

City/State/Zip _____

E-Mail Address _____

I hereby acknowledge that the activities associated with any recreational program involve an element of risk of injury. Hearts2Love does not own, operate or control the facilities where life enrichment activities are conducted. As a consequence, the below signed hereby acknowledges that he/she does hereby assume the risk of any injury, illness, harm or damage of any type that may occur in the course of his/her own personal in any Hearts2Love program and release Hearts2Love Foundation and its board, Officers, venue, staff and volunteers from any liability or responsibility whatsoever.

I give permission to the medical personnel selected by the program director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for myself due to injury, illness or medical emergency. In the event that I cannot or any other appointed individual cannot be reached in any emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the above named individual.

Please Initial _____

I grant permission for the above named to participate in any audio-visual, photo, interview, or multi-media event that may take place by Hearts2Love and I release everyone involved from liability or claims in association with said coverage.

Please initial _____

I grant permission for any photos, audio-visual footage; interviews both recorded and printed of the above named individual, to be used for publication in any multi-media or advertising format, such as brochures, websites, television, public service announcements, ads and publications with the express purpose of marketing and promoting Hearts2Love.

Please initial _____

Signature _____

Date _____