



Women LISTEN Fly Fishing Retreat August 14 – 16, 2020

Applications Due July 14, 2020 Application Instructions

Attached to this page are three documents that need to be filled out and returned to me at the address listed below. If you experience any difficulty, please call for assistance. I will look forward to receiving your completed forms. Once I receive these forms, they will be given to retreat staff members who will screen and select all participants according to the following guidelines:

Priority List

1. Women cancer survivors who have attended Women LISTEN group meetings held on Fridays at Tidal Wave Bookstore from 10 - 11:30 AM and have never attended the fly fishing retreat previously.
2. Women cancer survivors who have not attended Women LISTEN group meetings.
3. Women who have previously attended a fly fishing retreat may apply for the retreat but they may only be accepted if fewer than twelve women cancer survivors from the top two priority groups do not fill the designated spots.

Retreat Description: The retreat is available free of charge to women who have had a diagnosis of any cancer. The retreat will be limited to 12 women. Camp facilities are rustic. Cabins have bunk beds but everyone will be able to sleep on a ground level bed with three participants per cabin. Cabins have small baseboard electric heaters for the cool evenings. Bathroom facilities are located approximately 50 to 100 feet from the cabins. You can find more information about the camp by visiting their website at lgyrc@mtaonline.net. Please bring your own **fishing license**, sheets/sleeping bags, pillows, towels and toiletries. A checklist of suggested camp items will be sent to you upon approval of your application.

Meals will be served in the dining hall. Come prepared to have an enjoyable, fun filled weekend packed with laughter and information as you build your support and empowering network through talking and fly fishing activities.

The retreat camp is located on a beautiful 58-acre facility. The Chugach Baptist Association owns this Southern Baptist camp. It is a religious camp. **Please do not bring pets, fireworks, alcohol or tobacco to the camp. Smoking is not permitted anywhere.**

For individuals who indicate a desire to "Ride Share", a list of individuals along with phone numbers and email addresses will be emailed to you by August 1st. You will be able to contact each other at that time to make appropriate travel arrangements to the camp.

Applications will be reviewed as soon as possible after submission and I will contact you to inform you about your acceptance. If twelve individuals are accepted prior to the deadline date, you will be contacted to determine if you want to be on a waitlist. If you have any questions about the screening process, please feel free to contact me.

After you are accepted for the retreat, I will forward to you additional information about the camp location and directions to the camp, the retreat schedule, and clothing and other items to bring along to the retreat. Again, if you have any questions, feel free to contact me. I'll look forward to receiving your application forms.

Jan Schnorr
Women Listen Fly Fishing Retreat
3034 Brittany Place
Anchorage, AK 99504
janiceinak@gmail.com
(907) 538-1818



Participant Registration Form (Please Type or Print Clearly)

Applications due July 14, 2020

Women LISTEN does not share your medical information with any third party providers without your permission.

Name:

Address:

City:

State:

Zip Code:

Daytime Tel:

Evening Tel:

Cell Phone:

Email:

Birth date:

Occupation:

Ethnicity (optional): African-American Asian Caucasian Hispanic Other

In case of an emergency, please contact:

Relationship to you

Emergency contact number(s) Before 5:00 p.m

After 5:00 p.m

Approximate date of your cancer diagnosis

Your stage of cancer currently:

Surgery (Date & brief description)

Dominant Hand: Left Right

Type of surgery: Lumpectomy Mastectomy Axillary Lymph Node Dissection Sentinel Node Biopsy

Chemotherapy: Yes No

Treatment Dates

Radiation: Yes No

Treatment Dates:

Reconstruction: Yes No

Type:

Recent surgeries, if any:

Recent treatments, if any:

Is there any history of swelling in your arm, chest, or abdomen? Yes No

If yes, please explain

Do you have any physical or mobility restrictions, limitations or other medical conditions that we should know about?

Yes No If yes, please explain

Explain any current special medication considerations (e.g. storage needs)?

Explain any dietary restrictions/allergies

You will be sleeping in a small cabin with one or two other participants. Explain any special needs (CPAP machine for sleeping) or concerns that we should know about affecting you at this retreat

Indicate any psychological/social concerns that you would like to discuss at the retreat:

- Fear of recurrence Body image Depression or anxiety Relationship issues Chemo brain Concerns with medical caregivers Managing day to day concerns
 Physical symptoms such as fatigue, trouble sleeping, pain

Other

Do you belong to any cancer support group? If so, name _____

Have you ever fished before? Yes No Fly-fished? Yes No

Comments about fishing _____

If you want to share a ride to the retreat with another participant, please initial here to authorize the release of your name, phone number(s), and email address. The list of participants who want to car pool will be emailed to you. **You will need to make these arrangements.** Initial here: _____

During fishing sessions, we will have a variety of watercraft including float tubes, paddleboats, canoes, and a small fishing boat. We want you to use a watercraft that you feel comfortable in. Please rank your choices below: (1 – first choice, 2 – second, etc.)

_____ Float tube (1 person)

_____ Canoe (1 - 2 people)

_____ Fishing boat (2 people)

If you want to use a float tube, you will need chest high waders. Do you want to use a float tube? Yes ___ No ___
Do you own chest high waders? Yes ___ No ___. If so, please bring them.

If you don't have waders, we will find a pair that will fit you. Please list the following:

Shoe size	Height
_____	_____
Chest (in inches)	Hips (in inches)
_____	_____

If there is anything else you would like us to know about you, please list it here.

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Return this form to: Jan Schnorr, Women Listen Fly Fishing Retreat, 3034 Brittany Place, Anchorage, AK 99504
or email to Janiceinak@gmail.com



Participant Release Form

Applications due July 14, 2020

Retreat Date(s) August 14 - 16, 2020

Name _____

Please Read Carefully

Photographs/Video Release: Photos and videos taken during participation in activities are the sole property of Women LISTEN. By signing this release, I allow my image to be reproduced and distributed in any printed materials, websites and multimedia outlets. This authorization is continuous and may be withdrawn only by my specific rescission of this authorization.

Initial: _____

Waiver, Release, and Assumption of Risk: In consideration of Women LISTEN furnishing services and/or equipment to enable me to participate in fishing and casting, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of fishing equipment and my participation in fishing and casting; (b) my participation in such activities and/or use of such equipment may result in injury or illness; (c) these risks and dangers may be caused by the negligence of the Women LISTEN volunteers; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a tube, canoe, or kayak and such other risks, hazards and dangers that are integral to fishing and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of Women LISTEN volunteers or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Women LISTEN from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of fishing equipment or my participation in fishing or casting activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by Women LISTEN volunteers.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WOMEN LISTEN FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature _____

Date _____



Women LISTEN, Inc.

Retreat Medical Release Information Form

Applications due July 14, 2020

Steps to Follow:

- 1. Complete Section 1 of the Medical Release Form**
- 2. Contact your physician/care provider and ask her/him to complete Section 2 and submit the form for you or you may return the form to us.**

Women LISTEN, Inc. is an Alaskan non-profit group that promotes the physical, emotional and spiritual well-being of women living with cancer. The goal of our group is to give emotional support, share information and practical ideas, advocate for people with cancer, and connect women in meaningful ways.

- All women in any stage of cancer treatment and recovery are eligible to attend the three-day fly fishing retreat (Friday evening through Sunday mid-day).
- A trained facilitator and 8 - 10 fly-fishing instructors staff the retreat.
- The retreat physical activities include basic fly casting, knot tying, using float tubes, and learning how to fish on a lake.
- The retreat is limited to 12 women participants.
- Cancer resources will be available and discussed at the retreat, but staff will provide no medications, treatment or medical advice.

For more information about Women Listen: <http://www.womenlisten.org/>

Medical Release Form
(Please print)

**Women LISTEN, Inc. does not share your medical information with any
third party providers without your permission.**

Section I: To be completed by Applicant

Name of participant: _____
Location of Retreat: LaVerne Griffin Youth Recreation Camp, Wasilla, AK
Date: **August 14 - 16, 2020**

Section 2: To be completed by your Physician/Care Provider

Current Medications: _____

Known Allergies (drug, food, other): _____

Known Conditions (asthma other) _____

Special Assistance Required or Any Other Physical/Mobility/Psychological Information: _____

I have reviewed the medical records of the above-name patient and I believe that she is a reasonable candidate to participate in the retreat listed above. She is able to ascend and descend stairs and able to stand for periods of time, capable of walking by herself on even and uneven terrain, lift and cast a fly rod, and verbally communicate needs.

Physician's Signature _____ Date _____

Print name and title _____

Address _____

City, State, Zip Code _____

Telephone _____

Please complete & return this form to:

Jan Schnorr
Women Listen Fly Fishing Retreat
3034 Brittany Place
Anchorage, AK 99504
janiceinak@gmail.com

**If you have any questions about the retreat or your patient's welfare at the retreat,
feel free to contact Jan Schnorr at (907) 538-1818.**