



WORLD's 42nd Women's Wellness Summit for Women Living with HIV/AIDS  
Women Organized to Respond to Life-threatening Diseases  
August 26<sup>th</sup> – 28<sup>th</sup>, 2019 (Monday to Wednesday)

## WELCOME

Thank you for your interest in WORLD's 42nd Wellness Intensive Summit for women living with HIV/AIDS. Although family and friends are welcome to attend most of our other events, this wellness intensive summit is for women living with HIV/AIDS only. No guests, children or infants are permitted.

### Things you should know . . .

- This wellness intensive summit will take place at the beautiful Saratoga Springs Retreat Center in Upper Lake, CA. Transportation via bus will be provided from the WORLD House, located at 389 30<sup>th</sup> Street, Oakland, CA 94609.
- Spaces are limited and are filled on a first-come, first-serve basis. We have a reserved number of spaces for first-time participants; however, we do expect spaces to fill up quickly so please do not wait!
- If spaces are full, your application will be placed on our waiting list. If spacing restrictions prevent you from attending this wellness intensive, you'll be given priority for our next event.
- This is a clean and sober event. All participants are required to refrain from the use of any drugs other than those prescribed by a physician for entire duration of the wellness summit. Use of medical marijuana requires a signed letter from your treating physician and must be approved by WORLD in advance. Persons unable to remain clean and sober should reconsider participation in this event. Any persons violating this rule will be sent home.
- Once we receive your completed application, you will be contacted by phone to confirm your reservation. Details regarding what you should bring, special accommodations, and our meeting location for transportation will be provided at that time. Should you have questions before you receive a call from our staff, please feel free to call us at (510) 986-0340!

## REGISTRATION

**ABILITY TO CARE FOR ONESELF:** There will NOT be a physician on site. In light of this information, participants must be able to transport themselves with or without the use of ambulatory aids, must be able to feed themselves independently, and not be prone to falling, dizzy spells or fainting. If you require the use of an oxygen tank, you must be able to hook up and carry the tank without assistance.

**NOW LET'S TAKE A LOOK AT THE APPLICATION!**



WORLD Women's Wellness Summit Application

Women Organized to Respond to Life-threatening Diseases

Deadline to submit application & health clearance: MONDAY, July 29, 2019

QUESTIONNAIRE FOR WORLD 42nd WELLNESS SUMMIT PARTICIPANT (PLEASE PRINT)

Full Name: \_\_\_\_\_ WORLD Client: Yes  No  Date of Birth \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

GENERAL INFORMATION

- 1. To confirm your registration, may we send confirmation materials to the mailing address listed above? Yes No
2. May we leave a phone message saying the words "WORLD wellness summit" at the phone number(s) listed above? Yes No
3. Have you ever attended a WORLD Wellness Summit before? Yes No
4. Do you speak a language other than English? Yes No
5. Do you have any special dietary needs? If yes, please explain below.
6. We request demographic information of our participants. Please select the one that most closely describes your ethnic background:
7. Do you currently have a WORLD peer advocate? Yes No
8. Do you use a wheelchair, cane, or walker? Yes No
9. Are there any special room accommodations needed? Yes No

LOGISTICS

Rooms: Saratoga Springs Retreat Center is a beautiful retreat center that has limited wheelchair access. All rooms and bathrooms are based on double occupancy. Bedding will be provided. To help us with room assignments, please answer the following questions. Every effort will be made to accommodate any special requests.

- 10. Do you have difficulty walking? If yes, please explain. Yes No
11. Do you use a wheelchair, cane, or walker? If yes, which one? Yes No
12. Are there any special accommodations needed? If yes, please explain. Yes No
13. Is there anyone that you would prefer to share a room with? If yes, please provide a name: Yes No
14. To help us with room assignments and overall wellness summit planning, please share a little more about yourself including special needs, concerns, and any ideas to help us with room assignments & wellness summit planning.

TRANSPORTATION

Saratoga Springs Retreat Center is about 2 hours and 30 minutes North of Oakland in Upper Lake, CA. The wellness summit starts at 12:00 pm on Monday and ends on Wednesday afternoon at 2:00 pm. WORLD will provide transportation to and from the site via bus. Please indicate below how you plan to travel.

- I will be traveling via the bus provided by WORLD I need special transportation in order to attend



WORLD 42<sup>nd</sup> Wellness Summit Medical Information Sheet

Applicant: \_\_\_\_\_

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

Event Name: \_\_\_\_\_

WORLD Client: Yes  No

This form is to be completed in conjunction with a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for the duration of the wellness event specified on this form. ALL wellness summit participants are required to have been screened for T.B. within the last NINE months. ALL INFORMATION DISCLOSED MUST REMAIN CONFIDENTIAL.

PART 1 – TO BE COMPLETED BY THE APPLICANT

- 1. Person(s) to notify in case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Are the persons listed above aware that you have been diagnosed with HIV/AIDS? Yes [ ] No [ ]
3. Please list any medications/treatments you are currently using that WORLD staff should know about.
4. Are there any medical considerations, physical and/or emotional that WORLD staff should be aware of? Yes [ ] No [ ]
5. Please describe what your plan is for bringing adequate medication supplies to the Wellness summit.
6. Please indicate whether or not your medication regimen is the same as your doctor's orders.
7. Have you ever been hospitalized for a medical concern? If yes, when? Please explain.

ABILITY TO CARE FOR ONESELF: There will NOT be a physician on site. In light of this information, participants must be able to transport themselves with or without the use of ambulatory aids, must be able feed themselves independently, and not be prone to falling, dizzy spells or fainting. If you require the use of an oxygen tank, you must be able to hook up and carry the tank without assistance.

I certify that the information provided above is accurate to the best of my knowledge and that I am able to care for myself as described above.

Applicant's Signature

Date

PART 2 – TO BE COMPLETED BY A MEDICAL PROVIDER

- 1. Has this applicant had a negative PPD, or if allergic, a negative chest x-ray within the last 9 months? Yes [ ] No [ ]
2. Has the applicant in Part 1 of this form had a positive PPD or have active tuberculosis? Yes [ ] No [ ]
3. Date of last TB Test: \_\_\_\_\_ 4. Date TB Test read: \_\_\_\_\_
Please complete IF the applicant is using a controlled substance.
Substance used Dose Side Effects? (if any)
5. Is the information provided in Part 1 & 2 of this medical information sheet consistent with this applicant's medical record? Yes [ ] No [ ]
If not, please explain:

Additional comments: \_\_\_\_\_

- [ ] Cleared to attend the wellness summit without restriction.
[ ] Not cleared to attend. Reason: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

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

PHYSICIAN'S STAMP WITH ADDRESS REQUIRED:



**WORLD**



## **WORLD 42<sup>nd</sup> Wellness Summit Rules**

### **Women Organized to Respond to Life-threatening Diseases**

(Please read carefully, then date & sign below)

WORLD Wellness Summits provide an opportunity for women with HIV/AIDS to come together to share our common experiences in a safe, clean and sober, confidential environment that is far enough away from the stress of our daily lives to offer us a respite.

To ensure the safety and comfort of WORLD participants and other retreat patrons, we ask that:

- Each participant must be respectful of our diversity. We are proud to represent many different ages, cultures, ethnic groups, classes, religions, backgrounds and sexual orientations. Please be mindful that some of our participants have faced past challenges with drug and/or alcohol addiction so we would appreciate if you are sensitive in your interaction with them as they continue their recovery.
- There will be no drugs or alcohol use on this wellness summit. As stated above, this is a clean and sober event. Please do not use drugs or alcohol for 24 hours prior or come under the influence of drugs. The only exception shall be medication that is prescribed by your physician and taken according to the prescription. All prescriptions must be noted on your Medical Information Form. Please contact WORLD if you need to make changes later.
- Protect the health of others by canceling prior to the event or alerting staff during the wellness summit if you become sick with an illness that could potentially put other participants at risk.
- No verbal abuse, physical violence, or threats of any kind be directed towards another participant or staff. We want to provide a safe space to all and no violence of any kind will be tolerated.
- No radios of any kind without headphones. This wellness summit is time to get away from everyday life, to relax and have peace and quiet. Please respect everyone's right to privacy and peace by not playing music. If music can be heard with your headphones on, you will be asked to turn the music down or off.
- Please refrain from smoking tobacco products, including the use of electronic smoking devices, hookahs, and marijuana, unless the participant is outside in a clearly marked and/or designated area. When using designated smoking areas, please use care to fully extinguish and dispose of butts in the appropriate receptacles.

Outside of clearly marked and/or designated areas, all facilities and grounds are to be considered smoke-free. This includes, without limitation, any common areas, auditoriums, conference and meeting rooms, elevators, stairs, hallways, cafeterias, hiking trails, restrooms, and personal vehicles located on the premises. This policy applies to all WORLD participants and visitors. Persons violating this rule may be asked to leave immediately.

- All of the retreat centers secured by WORLD are places of healing. Each participant must abide by the individual retreat center's policies.
- Participants are required to keep as confidential the names, identities and stories of all attendees. Each participant is required to read and sign the "Oath of Confidentiality" form.
- ALL participants are **REQUIRED** to attend a minimum number of workshops-not missing more than 1 workshop per day!!!  
**We encourage everyone to attend all workshops.**

Please sign below to acknowledge that you have read and understand all of the rules as stated above:

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

Signature: \_\_\_\_\_

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

**WORLD**



**Oath of Confidentiality**  
For WORLD Training and Event Participants

I understand that WORLD offers trainings and events that may voluntarily place me in contact with individuals who have received or are receiving WORLD client services, as well as with members of the general public. I understand my words and actions during and after WORLD trainings and events contribute to the shared sense of safety valued by WORLD.

I recognize that I may come in contact with or learn of persons with HIV-related conditions at WORLD or WORLD programs and events. I understand that asking how someone was infected and other personal questions may be and should be viewed as inappropriate. I understand that although some individuals are public about their medical conditions, many prefer to remain discreet. I agree to respect the right to privacy of all such people with HIV-related conditions.

Additionally, I understand identities can be disclosed not only by revealing names but also by revealing identifying information such as medical or family history, or even weight, skin color, hair color or style, age, or place of residence. I agree that I will never disclose or share the name, personal information, personal stories, or personal identifying information about participants or anyone associated with WORLD client services.

I pledge to maintain as confidential all personal information I may be asked to hold as such by fellow participants. I also understand that I may encounter persons associated with WORLD outside of its premises, and agree not to identify these individuals as an affiliate of WORLD without their prior consent. Violating the privacy or HIV status of individuals living with HIV is a legal offense in the State of California. I, therefore, understand that I may be held liable for breach of privacy or related offenses if I disclose such names or information to anyone.

As a current and/or former WORLD client, I understand that WORLD staff upholds as confidential those relationships. I also understand that WORLD seeks to protect but cannot guarantee the privacy of information I voluntarily share in a public environment such as a WORLD training or event. Therefore, I agree to be thoughtful in my choices to share and/or not share personal information about myself including but not limited to my HIV status, my status as a client of WORLD, or other details about my life. I take sole responsibility for disclosures I make about myself in public environments, including WORLD trainings or events.

**I understand that if I break this oath of confidentiality in whole or in part, I may not be eligible to return or participate in future WORLD events or activities.**

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

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

Signature: \_\_\_\_\_

**Agreement and Release from Liability**  
(Please read carefully, then date and sign below)

I. Voluntary Participation:

I, \_\_\_\_\_ (print your name) acknowledge that I am fully aware of the hazards and risks of participation in a wellness summit of this nature, including but not limited to the following: exposure to diseases, falling, drowning and sunburn. I have voluntarily applied to WORLD, an organization by and for HIV-positive women, to participate in a WORLD 42<sup>nd</sup> Women's Wellness Summit at Saratoga Springs Retreat Center in Upper Lake, CA on August 26-28, 2019.

II. Release:

As consideration for being permitted by WORLD to participate in these activities and use the facilities which they have rented, I hereby agree that I, my assigns, heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of WORLD or any of its affiliate organizations, contractors, including but not limited to Saratoga Springs Retreat Center, staff, individual members, board members and volunteers for injury or damage resulting from negligence or other acts, howsoever caused, by any staff, member, volunteer, or contractor of WORLD or any of its affiliate organizations or individual members and volunteers as a result of my participation in this wellness summit. I hereby expressly assume all risk associated with my participation in, and travel to and from, this wellness summit, and release WORLD and any of its affiliate organizations, contractors, including but not limited to Saratoga Springs Retreat Center, individual members and volunteers from all actions, claims, or demands that I, my assigns, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my travel to and from and/or my participation in this wellness summit.

III. Knowing and Voluntary Execution:

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and WORLD and any of its affiliate organizations and contractors including but not limited to Saratoga Springs Retreat Center, members, staff, board members, wellness summit participants and volunteers, and sign this document of my own free will. I further acknowledge that this waiver is executed freely and voluntarily. I am fully aware of the legal implications of this agreement. Where necessary, I have sought legal counsel for an explanation of this agreement.

Executed at: \_\_\_\_\_, on \_\_\_\_\_ 2018

Signature of Participant: \_\_\_\_\_