

# RALLY POINT RETREAT

1478 HWY 3,  
SABLE RIVER, NS B0T 1V0

902-223-7359

jogrundy@rallypointretreat.org

## INTAKE FORM

**Preferred Date(s):** \_\_\_\_\_

**Name (s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Kids (name, gender, age)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Phone \_\_\_\_\_

<b>Service Field</b> (please circle)	Serving	Retired	
	Military	Branch? _____	Police Officer
	RCMP		Corrections Officer
	Firefighter		Peace Officer
	Paramedic/EHS		Journalist
	911 Operator		News Cameraman(woman)
	Communications Officer		

**Service Dog?** name: \_\_\_\_\_

breed: \_\_\_\_\_ age: \_\_\_\_\_

up to date on shots, including Kennel Cough?

**Please bring your own dog food and treats.**

**Person with PTSD:** \_\_\_\_\_

**Therapist name:** \_\_\_\_\_

**How long in therapy?** \_\_\_\_\_

**Known Triggers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please have a letter from your therapist indicating you are in a positive phase of your treatment (ie. You are not a danger to yourself or others), sent to jogrundy@rallypointretreat.org.**

**Do you plan on using Medical Cannabis during your stay?** YES / NO

If so, do you have a **valid, current prescription** for Medical Cannabis? YES / NO

**Medical Cannabis is permitted, only with a valid prescription.  
Recreational Cannabis is NOT permitted - failure to comply will be met with an immediate end to your stay.**

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**Allergies and/or Medical Conditions (please list for each person visiting):**

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**Should you have special dietary requirements, please bring your own groceries to accommodate those needs. (ie. Lactose free, gluten free, etc.)**

**Expectations of Your Stay:**

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*Please remember this is our home, and we appreciate your respect for our pets, property and belongings. Thank You! - Bob & Jo, and Maggie & Sarah*

## **Release From Liability**

I (we), the undersigned (hereinafter the Guest(s)) hereby irrevocably & unconditionally release & hold harmless from liability RALLY POINT RETREAT, its owners, agents, and other guests (all four groups hereinafter known as Releasees) from any & all liabilities, claims, actions, damages, costs, or expenses of any nature whatsoever whether in law or equity, known or unknown, occurring during, caused by, relating to, or arising in any way from my participation at RALLY POINT RETREAT.

I understand that attending a facility in the country may involve participation in physical activities both indoors and outdoors, and certain exposure to wildlife. With these, and all related activities, there is a certain element of risk. By accepting this waiver, I hereby acknowledge that my participation is at my own risk, and that I assume all responsibilities for any and all aspects of participation by both myself, any children, and service dog, who might accompany me. This waiver applies to any and all activities participated in at RALLY POINT RETREAT.

I understand that this Release from Liability irrevocably & unconditionally releases and holds harmless all Releasees from any financial or other liability for any injury, bodily harm, sickness, illness, or loss of life that I as a Guest or my family member or friend may suffer and from any economic harm or loss of property occurring during, caused by, relating to, or arising in any way out of staying at RALLY POINT RETREAT.

I, the undersigned, have read this Release from Liability & understand all of its terms; I have executed it voluntarily, with full knowledge of its significance, & intend to be legally bound by it. Children and/or service dog here with me and named below are my responsibility and under 18 while here at RALLY POINT RETREAT. My signature includes them in coverage of this release form.

Signed:

Date: