

# RALLY POINT RETREAT

1478 HWY 3,  
SABLE RIVER, NS B0T 1V0

902-223-7359

jogrundy@rallypointretreat.org

## INTAKE FORM

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

**Length of stay :** \_\_\_\_\_ days \_\_\_\_\_ wks

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

**Partner/Spouse** \_\_\_\_\_

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

**Home Phone** \_\_\_\_\_

**Minors (name, gender, age)** \_\_\_\_\_

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

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

### Emergency Contact (1)

Phone \_\_\_\_\_

### Service Field (pls circle all that apply to you)

Retired

Serving

Active

Inactive

Returning to work

Pending

Not Returning

### Country Served

Canada

US

UK

Australia

NZ

**Years Served:** \_\_\_\_\_

Military

Regular or Reserve?

Army

Navy

Air Force

Merchant Marine

RCMP

Police Officer

Corrections Officer

Peace Officer

Firefighter

Paramedic/EHS

911 Operator

Communications Officer

ER Doctor

ER Nurse

Journalist

News Cameraman(woman)

Other \_\_\_\_\_

### Person with PTSD:

**Date of Diagnosis:** \_\_\_\_\_

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

**phone number:** \_\_\_\_\_

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

**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**

**Will your therapist be available by phone should you be in crisis during your stay? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

**Sensitive Anniversaries during your stay?** \_\_\_\_\_

**Known Symptoms:** \_\_\_\_\_

**Service Dog?**

name: \_\_\_\_\_

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

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

**Please provide a current vaccination certificate, including kennel cough vaccination.**

Nova Scotia has Ticks. Please ensure your pet is receiving preventive meds

*Bring your own dog food and treats, and dogs are to be fed in the privacy of your lodgings to avoid potential altercations.*

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Name (s) \_\_\_\_\_ Date(s) of stay: \_\_\_\_\_

Reason for Stay: \_\_\_\_\_

Expectations of your Stay: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Will you have prescribed narcotics with you during your stay? \_\_\_\_\_ Yes / No  
if yes, please specify type and dosage \_\_\_\_\_

**Any medication is to be held in a safe location, away from other humans and animals**

Will you be using Medical Cannabis during your stay? \_\_\_\_\_ YES / NO

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

Form: \_\_\_\_\_ pill \_\_\_\_\_ smoke \_\_\_\_\_ vape \_\_\_\_\_ sublingual \_\_\_\_\_ topical \_\_\_\_\_

*Please dispose of any packaging/product responsibly for the safety of other humans and animals.*

**Medical Cannabis is permitted, only with a current and valid prescription.**  
**Recreational Cannabis is NOT permitted.**  
**Failure to comply will be met with an immediate termination of your stay.**

To volunteer, do you have interest (I) in or training (T) with the following?:

carpentry		brush clearing	
plumbing		chain sawing	
electrical		wood splitting	
permaculture		mechanics	
gardening		painting/drywalling	
landscaping			

## DURING YOUR STAY

**No alcoholic beverages permitted.**

**No recreational drugs are permitted**

**No firearms or weapons are permitted.**

**No vulgar or hateful clothing/signage.**

**No smoking on the premises, or near doors and windows.**

**Any cigarette butts or cannabis butts are to be disposed of safely.**

**Report any damages to property or machinery immediately.**

**Report any safety concerns immediately.**

**Please avoid strongly scented products as they trigger migraines for Jo.**

Pls initial to confirm reading this list

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Name (s) \_\_\_\_\_  
Partner/Spouse \_\_\_\_\_  
Home Phone \_\_\_\_\_ Minors (name, gender, age) \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**RESPECT** Your Hosts, Other guests, Animals, the Property, the Machinery, etc.  
Be considerate of conversations and privacy.  
Boundaries, personal space, expressed concerns

**NO JUDGEMENT** Everyone has their own story, with their own trauma and responses.  
We do not condone trauma competition or comparisons.

**CONFIDENTIALITY** Any identity, personal information, conversations, photographs/videos or events are understood to be confidential and not to be shared without expressed permission by those involved.

**Suggested conversations to avoid:**  
Politics, War, Conflict, Suicide, Mass Shootings, Comparing Traumas  
Be aware of other peoples' responses; upset means change the subject!

## **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 above are my responsibility and under 18 while here at RALLY POINT RETREAT. My signature includes them in coverage of this release form.*

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

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

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

**Please use a separate sheet for each member of your group**

This form will be held in the kitchen for reference during your stay.

Dates of stay: \_\_\_\_\_

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

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

**Emergency Contact (1)**

Phone \_\_\_\_\_

Do you have any food triggers? \_\_\_\_\_  
\_\_\_\_\_

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

Please indicate any food sensitivities or food allergies?

	sensitive	allergic	epipen required	<b>Epipen should be on your person, or location made clear to the hosts.</b>
Eggs				
Milk				
Mustard				
Peanuts				
Crustaceans and molluscs				
Fish				
Sesame seeds				
Soy				
Sulphites				
Tree Nuts				
Wheat and triticale				

List obtained from <https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/food-allergies-intolerances/food-allergies.html>

Other (specify)

_____	_____	_____	_____
_____	_____	_____	_____

**THIS IS NOT AN ALLERGEN FREE LOCATION!!**

**We will do our best to accommodate food allergies, however, by initialing here you agree to accept responsibility for your health and safety.** \_\_\_\_\_

Dislikes? (ie. Onions, mushrooms, garlic, etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you have non-food allergies? Please indicate if epipen is required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_