

# HEARTS GOING TOWARD WELLNESS REGISTRATION INFORMATION

Event: Hearts Going Toward Wellness Conference  
October 22-27, 2019  
16453 E. Clark Rd. Palmer, Alaska 99645 (Lazy Mountain)  
Cost: \$200 room/meals - \$100 meals only

Contact: Lydia Wood  
Home: 907-746-4981  
Cell: (907) 982-7695  
Email: wood.lydia.g@gmail.com

## PERSONAL INFORMATION *(Please Print Clearly)*

Legal Name: \_\_\_\_\_  Female  Male

Name you would like shown on your name tag: \_\_\_\_\_

Ethnicity:  Alaska Native  American Indian  White  Other: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

## TRANSPORTATION INFORMATION

**Note:** Participants in the Anchorage area will be responsible for their own transportation, unless otherwise pre-arranged. Other's flying in should schedule to arrive in Anchorage prior to or day of registration. Plan to arrive at Lazy Mountain (map directions at request) outside Palmer around 4:00 pm Tuesday October 22 to register.

**Note:** Once your application is received and approved, you will be notified for your particular transportation need. For those flying in, transportation from Anchorage to Palmer will be provided.

**Note:** I will need ground transportation to Palmer? yes \_\_\_ no \_\_\_

## LODGING INFORMATION

**Note:** Lodging will be provided beginning Tuesday night October 22, and ending Sunday noon October 27. You will stay in lodging at the InterAct Facility on Lazy Mountain. As mentioned, a detailed direction map is printed below. If you have special lodging needs, diet concerns, etc. or if your flight schedule requires an early arrival, please contact Lydia in advance for assistance. See contact info above.

Please specify name of person you would prefer to room with: \_\_\_\_\_ Relationship? \_\_\_\_\_

Please return these forms by mail to the address at the bottom of the application **ASAP**

- REGISTRATION FORM
- PRE-GROUP QUESTIONNAIRE
- RELEASE OF LIABILITY
- EMERGENCY RELEASE INFORMATION FORM

- Please make checks or money orders payable to "**Alaska Freedom Journey**".
- A non-refundable \$20 pre-registration fee will be charged to all participants. **(Send with registration forms)**
- This pre-registration fee will hold your reservation (conference fee, room and meals), and the remaining conference fee of \$180.00 (\$100 for meals only) **MUST** be paid in full at time of registration October 22, 2019.

Hearts Going Toward Wellness Conference  
Lydia Wood (907) 746-4981, 4750 N Wolverine Rd. Palmer, AK 99645  
Director: Linda Ross, 203 Linwood Ln. Kenai AK 99611-8114 Cell: 907-952-2847

**HEARTS GOING TOWARD WELLNESS**  
**PRE-GROUP QUESTIONNAIRE**  
**HGTW October 22-27, 2019**

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(Please Print Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Female \_\_\_ Male \_\_\_ Age \_\_\_ Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Church Denomination \_\_\_\_\_

**(Part of the seminar will involve being paired with someone during a 'group' exercise(s). In order to facilitate placing you, with someone, we need you to respond to these questions. Your answers will be confidential and will be seen ONLY by the appropriate Hearts Going Toward Wellness leadership.)**

1. Would you like to be paired with your own gender, or does it matter? Yes: \_\_\_\_\_ No: \_\_\_\_\_ No preference: \_\_\_\_\_  
(\*There is a possibility of co-ed leadership for any group.)

2. Were you wounded, harmed or abused in any of the following ways?

Domestic/Spousal?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Emotional?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Physical?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Sexual?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Spiritual?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Verbal?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____
Satanic Ritual Abuse?	Yes___ No___	If yes, age:___	Relationship of offender to you: _____

4. At what age did you first talk about your wounds/abuse? \_\_\_\_\_

Who did you talk to? \_\_\_\_\_ What was their response? \_\_\_\_\_

5. Have you received lay or professional counseling in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for what reason(s)? \_\_\_\_\_

6. Are you currently in counseling? Yes\_\_\_ No\_\_\_ If yes, for what reason(s)? \_\_\_\_\_

**\*\* If you are currently in counseling, please have your counselor read the accompanying letter and complete the release form.**

7. Have you struggled with any addiction/addictive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are you currently struggling with any addiction/addictive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please explain if you answered Yes to question 8:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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# HEARTS GOING TOWARD WELLNESS

## EMERGENCY RELEASE INFORMATION

(Please Print Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

If there is a medical/emotional emergency involving me, I release "Interact Ministries", "Alaska Freedom Journey", "Hearts Going Toward Wellness", and "LEaD Alaska" to contact:

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Relationship to you \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

And, if applicable:

Name of friend/relative with you at Hearts Going Toward Wellness

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of doctor

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### MEDICAL INFORMATION

Please PRINT any allergies, medications, illnesses, special needs, or disabilities:

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Claim Office Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEARTS GOING TOWARD WELLNESS

# Release of Liability

In consideration of my electing to and being able to participate in the small group ministry held at the Interact Ministries (IMI) Facility on Lazy Mountain in Palmer Alaska,

I, \_\_\_\_\_ (print name of participant), for myself, my heirs, executors, successors and assigns, hereby completely and unconditionally release and agree to defend, indemnify and hold Hearts Going Toward Wellness (HGTW), Interact Ministries Inc.(IMI), Alaska Freedom Journey (AFJ), and LEaD Alaska; each of them, and their respective boards, officers, executive team members, leaders, presenters, employees, and other representatives, from and against any and all claims, costs, causes of action, expenses, judgments, and liabilities of any kind whatsoever resulting from, arising out of, or in any way relating to:

(a) My participating in the small group ministry at the Lazy Mountain, Palmer AK. facility scheduled for October 22-27, 2019.

(b) Any counseling or small and larger group sessions in which I may be involved which use any method's or materials (including audio/video/cd/dvd/personal stories) developed by HGTW, IMI, AFJ, LEaD AK.

(c) My use of any information, methods or materials learned at or obtained through the small group ministry or the Hearts Going Toward Wellness Conference; or

(d) The actions or omissions of any family members, including but not limited to minor children, and close personal friends who accompany me to the place where the small group ministry is to take place, regardless of whether the family member or close personal friend participates in the ministry.

**PLEASE SIGN AND FILL IN THIS FORM BELOW.**

**Name:**

**(print)**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City and State:**

\_\_\_\_\_

**Zip code:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Signature of Witness:**

\_\_\_\_\_

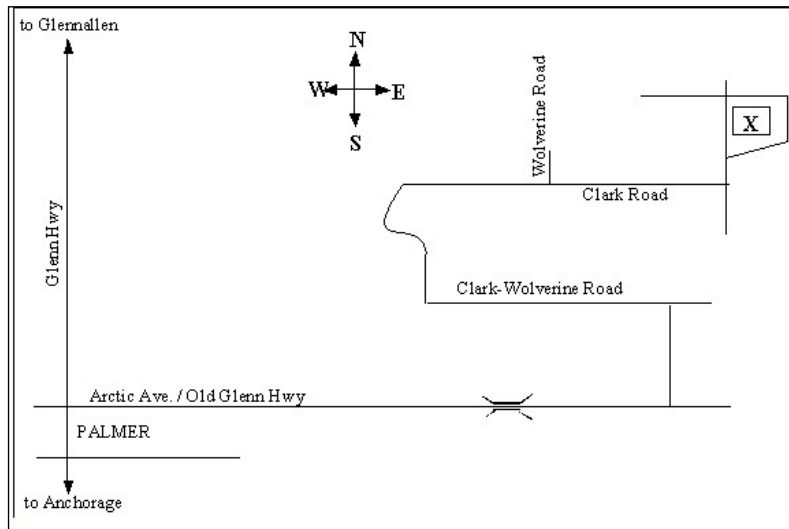
**Date:**

\_\_\_\_\_

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## MAP/DIRECTIONS TO INTERACT MINISTRIES/ALASKA

### LAZY MT – HOSPITALITY FACILITIES



Once you arrive in Palmer on the Glenn Highway, turn east (right) on **Arctic Avenue**, (there is a Fred Meyer gas station on the corner), also called the Old Glenn Highway. On Arctic Avenue/Old Glenn Highway you will go past the cemetery (on your left) and airport (on your right) at **7/10<sup>th</sup> of a mile**, and then cross over the Matanuska River Bridge at **1.5 miles**. At **2.4 miles** you will turn left onto **Clark-Wolverine Road**, which is the second left after crossing the Matanuska River Bridge. (The first left is Robin Lane.) Turn left at the first T-intersection at **8/10<sup>th</sup> of a mile**, turn right at the second T-intersection **1.5 miles**. Continue on through the S-curves. After traveling **3 miles** on Clark-Wolverine Road (after turning off from Arctic/Old Glenn) there is another intersection. Wolverine Road will turn left and Clark Road will continue straight ahead toward the mountains. **Go straight ahead on Clark Road**. After **1/4<sup>th</sup> mile** you will see the Walter T. Phillips fire station on your left. When Clark Road comes to an end turn left onto InterAct Ministries' driveway.

You will see the InterAct Ministries sign on your right as you drive up the driveway. InterAct Ministries' Alaska Field Office is in the building to your right at the top of the hill. To find the building you will be staying in, please consult the "InterAct Ministries/Alaska-Lazy Mountain Facilities" map.

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