



Dear Friends-

Michael's Place cordially invites you to attend our inaugural **Family Bereavement Retreat on Tuesday, July 26, from 3:00 p.m. to 8:00 p.m.** at Reigning Liberty Ranch in Traverse City, Michigan. The retreat will provide healthy healing opportunities for those grieving a death including children\* and teens, parents/caregivers, and individual adults.

Many grieving individuals struggle with a multitude of various emotions and responses. For 21 years, Michael's Place programs and services have provided healthy healing experiences that empower children, teens, and adults to develop coping skills, resiliency, and feelings of restored hope that enable them to move forward with their lives.

This retreat will include peer support programming, grief education, and other unique healing opportunities. Through fun camp activities led by caring staff and volunteers, participants of all ages will have a safe environment to explore their grief, learn essential coping skills, and interact with peers who are also grieving.

The Family Bereavement Retreat is available at no-cost. Dinner will be provided. Space is limited. The registration deadline is June 20, 2022. Registration forms can be returned via email to [GoodGrief@MyMichaelsPlace.net](mailto:GoodGrief@MyMichaelsPlace.net) or mailed to:

Michael's Place  
ATTN: Family Bereavement Retreat  
1212 Veterans Drive, Suite 100  
Traverse City, MI 49684

For questions, please call 231.947.6453 or email at [GoodGrief@MyMichaelsPlace.net](mailto:GoodGrief@MyMichaelsPlace.net).

Whether this is a first introduction to Michael's Place or you have participated in many events, we hope you will join us at the Family Bereavement Retreat!

Warmly,

Mindy Buell  
CEO

\*Parents/caregivers must remain on-sight for the entire retreat if children are in attendance. Children not potty trained or under 3 years old must be accompanied by a parent/caregiver throughout the retreat.

Michael's Place mission is to provide support and advocacy for children, teens, and adults grieving the death of a loved one and serve the bereavement needs of the community.

1212 Veterans Drive  
Traverse City, MI 49684  
231.947.6453 Phone  
231.947.7114 Fax  
[www.MyMichaelsPlace.net](http://www.MyMichaelsPlace.net)



**Family Bereavement Retreat 2022**  
**Information/Liability Form**  
*Please register by June 20th*

**Retreat Information:**

\_\_\_\_\_ I/We will be attending the entire retreat from 3:00-8:00pm

\_\_\_\_\_ I/We will be attending the second half of the retreat from 5:30-8:00pm

**Adult/Parent Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies \_\_\_\_\_

Preferred T-Shirt Size(s) SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_

Are you the parent or legal guardian of listed children? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Emergency Contact Information:**

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

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

Relationship: \_\_\_\_\_

**Child Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School/Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Preferred T-Shirt Size Youth SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_

Adult SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

**Child Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School/Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Preferred T-Shirt Size Youth SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_

Adult SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

**Child Information:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School/Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Preferred T-Shirt Size Youth SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_

Adult SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

Michael's Place welcomes all children ages 3 and up (potty trained) to participate in the peer support programs. Children who are not potty trained, or are ages 2 and under, will need to remain with a parent or guardian while participating in activities.

It is required that a parent or guardian remain on-site for the duration of the event if any children are in attendance. *Please initial* \_\_\_\_\_



Who is the person who died? If more than one person, please add below.

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

Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Relationship to adult(s) and/or child(ren): \_\_\_\_\_

Have there been other changes or losses your family has experienced recently? (*moving, loss of job, new school, illness, divorce, other deaths, etc.*)

Is there any additional information we should know? Please explain.



**MICHAEL'S PLACE FAMILY BEREAVEMENT RETREAT  
WAIVER & RELEASE OF LIABILITY**

For the following, Michael's Place Family Bereavement Retreat Event, July 26, 2022

I, the undersigned adult/guardian, understand that Michael's Place will do everything in its power to assure the safety of myself and/or my child(ren). I agree to release Michael's Place and its employees and volunteers and assigns from any and all liability, claims, suits, or damages of whatever kind, known or unknown, for any and all injuries or damage to myself, my child or my child's property occurring during this event.

Do you or your child have a health condition that would affect your/their participation in any activity?  
(Please include any allergies)

Circle one

Yes

No

If yes, please describe (Family physician should be consulted before allowing your child to participate):

Medical Insurance Information: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Number: \_\_\_\_\_

In the event of accident or illness, I hereby authorize the Michael's Place personnel to seek appropriate medical aid for my child.

I have no objection to a photograph of my child (or myself if over 18) being taken and displayed by Michael's Place, either on its website or on a portable display.

(Please check one.)

I Agree \_\_\_\_\_

I do not agree \_\_\_\_\_

I have read and agree with the above disclaimer and do hereby agree and give permission for my child to participate in the Michael's Place sponsored event listed above.

\_\_\_\_\_  
Adult/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult/Guardian (please print)