

Dear Friends~

Michael's Place invites you to attend our **3rd Annual Bereavement Retreat on Tuesday, July 23rd, from 3:00 PM to 8:00 PM** at Reining Liberty Ranch in Traverse City, Michigan. This is intended to provide healthy healing opportunities for children\*, teens, adults, and families who are grieving a death.

We are excited to offer an event that is designed to foster joy and a sense of community with interactive, creative, and fun-filled activities led by caring staff and volunteers.

We are proud to make this Bereavement Retreat available at no-cost to all participants, with dinner provided. Space is limited. The registration deadline is July 9<sup>th</sup>, 2024. Registration forms can be returned via email to [GoodGrief@MyMichaelsPlace.net](mailto:GoodGrief@MyMichaelsPlace.net) or mailed to:

Michael's Place  
1212 Veterans Drive, Suite 100  
Traverse City, MI 49684

Michael's Place provides a variety of programs and services to support the bereaved using a peer-to-peer model. Whether this is your first introduction to us or you have participated in other events, we hope you will join us at our Family Camp! For questions, please call 231.947.6453 or email [GoodGrief@MyMichaelsPlace.net](mailto:GoodGrief@MyMichaelsPlace.net).

Warmly,



Mindy Buell  
CEO

*\*Please note, parents/caregivers with children in attendance must remain on-site for the entire event. To participate in the children's activities, children must be at least 4 years of age, able to use the restroom independently (fully potty-trained), and able to engage appropriately with peers and activities, which includes being respectful, listening to others, and sharing their experience. Otherwise, the child must remain with the parent.*



**Bereavement Retreat 2024**  
**Registration and Liability Form**

*Please register by July 9<sup>th</sup>*

**Retreat Information:**

Tuesday, July 23<sup>rd</sup>, 2024

3:00 PM – 8:00 PM - *Dinner Provided*

*Please arrive by 2:45 PM to check-in*

Reining Liberty Ranch, 4656 Silver Pines Rd, Traverse City, MI 49685

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

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

**Emergency Contact Information:**

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

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

**\*Child Information:**

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

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

Allergies \_\_\_\_\_

**\*Child Information:**

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

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

Allergies \_\_\_\_\_

**\*Child Information:**

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

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

Allergies \_\_\_\_\_

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**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 BEREAVEMENT RETREAT

## WAIVER & RELEASE OF LIABILITY

For the following, Michael's Place Bereavement Retreat Event on July 23, 2024

**Michael's Place has my permission to use pictures of myself and or my family taken during the event.**

*These may be used on our website or on a portable display. Please check one: Yes\_\_\_ No\_\_\_*

**Do you or your child have a health condition that would affect participation in any activity (please include any allergies)? If yes, please describe.** Please check one: Yes\_\_\_ No\_\_\_

**In the event of accident or illness, I hereby authorize the Michael's Place personnel to seek appropriate medical aid for my child.** Please check one: Yes\_\_\_ No\_\_\_

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 employees and volunteers and Reigning Liberty Ranch and affiliates 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.

**By signing, I state that I have read and agree with the above disclaimer and do hereby give permission for those listed on this form to participate in the Michael's Place Bereavement Retreat.**

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Adult/Guardian Name *(please print)*

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Date

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Adult/Guardian Signature