



## Northwest Collage Society 2024 Retreat Information and Instructions

**Location:** Warm Beach Camp & Conf. Center  
20800 Marine Drive  
Stanwood, WA 98292  
360-652-7575  
www.warmbeach.com

**Dates:** Friday, **February 23, 2024 at 11:00 AM**  
To Sunday, **February 25, 2024 at 2:00 PM**

**A \$50 deposit is required to hold your space!** Full payment for the retreat is due by **January 31, 2024**, but you may pay in full any time before that date. If NWCS cancels the retreat for any reason, your deposit and fee payment will be returned in full. Your entire retreat payment is forfeited if you cancel after **Feb 2, 2024**.

Arrival: Parking is in front of the Olympic View Lodge, between the lodge and the Maple Center.  
Our meeting/workroom is in the Maple Center. You may unload art supplies and **set up your table after 11:00 AM on Friday**. Lunch will be served at 12:00 in the Cedar Lodge Dining Room.

Guest rooms are in the Olympic View Lodge. An announcement will be made after lunch regarding the time our rooms will be available. Susan will check everyone in with keys and room numbers. **Check out of guest rooms is 11:00 AM on Sunday**, with keys returned to Susan, but you may stay in the Maple Center until 2:00 pm.

Meals:	Breakfast	Lunch	Dinner
Fri. 23rd		12:00 pm	5:30 pm
Sat 24th	8:00am	12:00 pm	5:30 pm
Sun 25th	8:00am	12:00 pm	

### **More:**

We will have our **Share Tables** again too! Give away some of your old materials and get some cool new stuff!! This is a really fun part of the event for everyone.

(A reminder list of materials will also be sent to all participants who reserve a space.)

Everyone attending this retreat must sign the "Permission to Participate and Release of Liability" (the Hold Harmless form) that is required by the Warm Beach Camp & Conference Center, AND the "NWCS Participation Information and Liability Release" form in addition to the signed Retreat Registration form. These may be done by e-signature if desired. Instructions to sign up are on Retreat Registration form.

The idea of this retreat is to give NWCS members a chance to gather in a relaxed environment to create personal works of art, share ideas and methods, and most important to get to know each other better, **AND TO HAVE FUN AWAY FROM THE OUTER WORLD!**

**Questions? Want to sign up to do a short demonstration?**

**Contact:** [retreats@nwcollagesociety.org](mailto:retreats@nwcollagesociety.org)

**or call Susan Akers-Smith: 509-699-0187 or Wendy James: 206-321-2405**

## **Northwest Collage Society 2024 Retreat Registration Form**

**Dates:** Friday, February 23rd – Sunday, February 25th, 2024

**Location:** Warm Beach Camp, 20800 Marine Dr. NW, Stanwood, WA 98292

**Fees:** Single room, \$438.00

Double/shared room, \$318.00 each person. *Participants are responsible for finding their own roommates for shared rooms.*

(Both include 2 nights lodging and 7 meals beginning with lunch Friday and ending with lunch Sunday).

**A \$50 deposit is required to hold your space!** Full payment and paperwork for the retreat is due by **January 31, 2024**, but you may pay in full any time before 1/31/24. If NWCS cancels for any reason, your deposit and fee payment will be returned in full. Your entire retreat payment is forfeited if you cancel after **Feb 2, 2024**.

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Make checks payable to **NWCS** and send your \$50.00 deposit (non-refundable after 2/2/24) to:

**Susan Akers-Smith 23832 148<sup>th</sup> Ave. S.E. Snohomish, WA 98296 - [retreats@nwcollagesociety.org](mailto:retreats@nwcollagesociety.org)**

**OR, use** PayPal, Venmo or Card on the NWCS website at [nwcollagesociety.org/retreat.htm](http://nwcollagesociety.org/retreat.htm)

**\*\*Please fill out and return via US Mail or E-mail these THREE signed forms: (e-signatures ok)**

**1) Signed Registration Form, 2) Signed "NWCS Participant Information and Liability Waiver"**

**3) Signed Warm Beach "Participation to Participate and Release of Liability"**

Send these to Susan (address/email above). Include check to **NWCS** or pay online.

Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Method of Pmt \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Room Preference:** \_\_\_\_ Single 438.00

\_\_\_\_ Double 318.00 each. **(Roommate's name Required:)** \_\_\_\_\_

**Meal Preference** (Please pick one): Non-Vegetarian \_\_\_\_ Vegetarian \_\_\_\_ Vegan \_\_\_\_

Gluten Free \_\_\_\_ Dairy-Free \_\_\_\_ Gluten & Dairy-free \_\_\_\_ No Pork \_\_\_\_ No Beef \_\_\_\_

Special Needs/Do you require room on ground floor or a Handicapped room?

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I understand there is NO REFUND of any fees after February 2, 2024.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

# Northwest Collage Society Participation Information and Liability Waiver

## NWCS Retreat 2024

1. NWCS will be complying with all current Washington State Covid mandates at the time of our event located at Warm Beach Conference Center Feb 23<sup>rd</sup> to Feb 25<sup>th</sup>, 2024. Please refer to the resources below for the most current information and recommendations on the prevention of the spread of contagious disease such as Covid -19 and to help to protect yourself and others at this event:\*\*

\*\*Center for Disease Control: [cdc.gov](https://www.cdc.gov)

\*\*Washington State Dept of Health: [doh.wa.gov](https://www.doh.wa.gov)

The link to the following [flow chart](#) is also provided here to assist in making those decisions which may help prevent the spread of Covid-19 as well as help protect yourself and others:

\*\*<https://doh.wa.gov/sites/default/files/2023-02/420456-COVID19DecisionTrees.pdf>

The NW Collage Society recommends current vaccinations for all those who can be vaccinated.

2. If you are showing symptoms of Covid-19, have been exposed to someone with Covid-19 or test positive for Covid-19 between Feb 13<sup>th</sup>, 2024 and Feb 23<sup>rd</sup>, 2024 we ask that you not attend this event in order to protect others.

3. Masks are recommended but not required inside the Maple Leaf workroom and the Dining Room. Although masks are not required, if you do develop symptoms during the two day event, you will take measures to protect those around you, such as wearing a mask, or distancing yourself from others in the workroom or dining room. Work tables will be spaced for safe distancing in the Maple Leaf workroom.

4. We are informed that Warm Beach Conference Center is and will be complying with all Washington State Covid-19 mandates at the time of our event. Masking is optional throughout the WBCC campus.

**5. Hold Harmless Statement:** Warm Beach Conference Center is not a closed campus and the Northwest Collage Society will not be held responsible if any participant contracts the COVID-19 virus or its variants during this event. The Northwest Collage Society does not provide any insurance coverage for participants during this event, including accidents and property loss. It is the responsibility of the participant/guest to provide their own insurance coverage for this event.

I have read the above information.

Signed by NWCS Participant \_\_\_\_\_ Date \_\_\_\_\_

## Warm Beach Camp and Conference Center

### Adult Event - Permission to Participate and Release of Liability

**Release/Participation:** I am the participant, and with permission, I voluntarily participate in Warm Beach Camp activities including transportation. ~~These may include games, sports, and other activities.~~ While Warm Beach Camp will provide for adequate and reasonable participant safety, I understand that accidents can sometimes happen. I am not relying upon Warm Beach Camp to list all possible risks. Therefore, I understand and expressly acknowledge that I release Warm Beach Camp, its employees, board of directors, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Warm Beach Camp activities, whether on or off Warm Beach Camp's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of Warm Beach Camp, its employees, board of directors, volunteers, or guests.

**Consent for Medical Treatment:** I give permission for the Warm Beach Camp staff or volunteer nurse to follow the physician's standing orders for my care and treatment. I give permission to the physician selected by Warm Beach Camp to provide emergency medical treatment for me and to transport me to an emergency center for treatment. I understand that this emergency care may require the physician to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for me, the camper named on this form. I understand that it is my responsibility to notify the appropriate person should an injury occur.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

**Insurance:** I understand that Warm Beach Camp does not provide any primary accident or health insurance for campers and guests and further understand it is my responsibility to provide such coverage.

**Property Loss:** Warm Beach Camp is not responsible for personal property lost, damaged or stolen while using Warm Beach Camp facilities, including parking lots, or participating in Warm Beach Camp programs.

**Photograph Permission:** I give permission for Warm Beach Camp to use, without limitations or obligation, photographs, film footage or tape recordings which may include my or my child's image, voice, or artwork for the purposes of promoting or interpreting Warm Beach Camp's programs.

Date (month/day/year): \_\_\_\_\_

Participant full name (print): \_\_\_\_\_

Participant signature: \_\_\_\_\_