ENCOMPASS RETREATS

Participant Intake, Intention & Accommodation Form

Welcome. This form helps our facilitation team understand what is bringing you to the retreat, what you hope to explore, and how we can support your participation. Please share only what feels relevant and appropriate. There are no right or wrong answers.

1. Participant Information

Full Name: _____ Preferred Name: _____

Age: _____ Pronouns (optional): _____ Phone: _____

Email: _____ City / State / Country: _____

Emergency Contact: _____ Relationship / Phone: _____

2. Your Story & Intentions

Tell us a little about yourself. *Briefly share where you are in your life and experiences or transitions that feel important for us to understand.*

What is bringing you to Encompass Retreats at this particular time in your life?

What is your primary intention for this retreat? *Think of intention as a direction for exploration rather than an outcome you must achieve.*

During this retreat, I would like to give myself permission to…

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Goals, Community & Personal Resources

3. Goals for Your Retreat

What would you most like to explore? Check all that apply.

☐ Authenticity & connection with self
☐ Self-trust & self-compassion
☐ Grief, loss or life transition
☐ Leadership & personal integrity
☐ Spiritual exploration
☐ Creativity & self-expression
☐ Resilience
☐ Playfulness & joy
☐ Integration of prior growth experiences
☐ Personal values & life direction
☐ Emotional healing
☐ Relationship patterns & boundaries
☐ Somatic awareness & embodiment
☐ Connection with nature
☐ Rest & restoration
☐ Community & belonging
☐ Releasing old patterns or beliefs
☐ Other: _____

What would make this retreat personally meaningful for you?

4. Community, Safety & Support

What helps you feel safe, respected, grounded, and comfortable within a group?

When you experience stress or emotional overwhelm, what typically helps you feel grounded or supported?

Is there anything you would like our facilitators to know about how to best support you?

Are there personal, cultural, spiritual, or other boundaries or considerations you would like us to be aware of?

5. Personal Resources

Which practices currently support your well-being?

☐ Nature/outdoor activities
☐ Movement/exercise/yoga
☐ Journaling/writing
☐ Somatic/body-based practices
☐ Meditation/mindfulness
☐ Breathwork
☐ Music
☐ Family/friends/community
☐ Prayer/spiritual practice
☐ Art/creative expression
☐ Therapy/counseling
☐ Cultural/ceremonial practices

Practices you would especially like to maintain during the retreat:

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Nutrition, Accessibility & Accommodations

6. Nutritional & Dietary Needs

Dietary preferences - check all that apply:

☐ No specific dietary needs ☐ Vegetarian ☐ Vegan
☐ Pescatarian ☐ Gluten-free ☐ Dairy-free
☐ Low-sodium ☐ Low-sugar ☐ Kosher considerations
☐ Halal considerations ☐ Other: _____

Food allergies: ☐ No ☐ Yes Emergency medication for allergy: ☐ No ☐ Yes

If yes, identify the food(s), reaction, and severity:

Food sensitivities, intolerances, or other nutritional considerations:

7. Accessibility & Accommodations

Do you require or request accommodations during the retreat? ☐ No ☐ Yes ☐ Unsure - I would like to speak with a facilitator.

If yes or unsure, please describe what would be helpful:

Examples may include mobility, sleeping or seating needs, sensory needs, communication considerations, access to quiet space, or other accessibility needs.

Physical & Environmental Considerations

Retreat activities may include walking outdoors, natural or uneven terrain, periods of sitting, optional movement practices, group activities, and extended periods in natural environments.

Is there anything that could affect your comfortable participation? ☐ No ☐ Yes

If yes, please explain:

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Integration & Participant Acknowledgment

8. Integration & Returning Home

What do you hope to carry home with you from this experience?

_____

_____

_____

What relationships, practices, communities, or resources can support you following the retreat?

_____

_____

_____

Is there anything else you would like us to know?

_____

_____

_____

Participant Acknowledgment

I understand that the information provided on this form will be used to help the Encompass Retreats team prepare for my participation and understand my individual needs. I understand that requested accommodations will be considered whenever reasonably possible but cannot necessarily be guaranteed. I understand that Encompass Retreats provides experiences centered on personal growth, education, reflection, community, embodiment, and experiential practices and is not a replacement for medical care, psychiatric care, psychotherapy, emergency services, or other healthcare when such services are needed. I agree to notify Encompass Retreats of significant changes to my dietary, accessibility, or accommodation needs prior to the retreat whenever reasonably possible.

☐ I have read and understand the acknowledgment above.

Participant Name: _____ Date: _____

Signature: _____ Preferred contact method: ☐ Email ☐ Phone

Encompass Retreats - Staff Use

Reviewed By: _____ Date: _____

☐ Dietary follow-up needed ☐ Accommodation follow-up needed

☐ Participant follow-up needed ☐ No additional follow-up needed

Notes:

_____

_____

_____