

# Retreat Registration Form

Please complete this form in full and mail with your registration fee to the Retreat Director. Make all checks payable to "Community of Christ." You may want to make a copy of the completed form for your records.

RETREAT SELECTION			
Name of Retreat:			
REGISTRATION INFORMATION			
Name Adult 1:	Age:		Priesthood Office:
Name Adult 2:	Age:		Priesthood Office:
Name Youth 1:	Entering Grade:	Age:	Priesthood Office:
Name Youth 2:	Entering Grade:	Age:	Priesthood Office:
Name Youth 3:	Entering Grade:	Age:	Priesthood Office:
Name Youth 4:	Entering Grade:	Age:	Priesthood Office:
Full Address (include City, State, Zip):			
Phone:		Email Address:	
Home Congregation:			
Attendance: <input type="checkbox"/> Full time <input type="checkbox"/> Part time - Specify which days/nights you will attend:			
Special lodging concerns/roommate preferences (if applicable):			
EMERGENCY INFORMATION			
Emergency Contact:		Emergency Contact Phone:	
Name of Physician(s):		Physician(s) Phone:	
Name of Insurance Carrier(s):		Insurance Policy Number(s):	
MEDICAL INFORMATION			
<b>(Confidential: Directors, please destroy all medical information after the close of camp.)</b>			
Do any of the registrants have medical conditions of which the director or nurse needs to be aware? List the condition and to whom it pertains. Include such conditions as severe allergies, asthma, diabetes, seizures, etc.:			
Is anyone taking medication? List dosage taken and to whom it pertains, or attach a list with this form:			
Does anyone have any special dietary requirements? <input type="checkbox"/> Vegan – Name: <input type="checkbox"/> Vegetarian – Name: <input type="checkbox"/> Gluten-Free – Name: <input type="checkbox"/> Dairy-Free – Name:		Any food allergies? List what and to whom it pertains.	

## WAIVERS

Please read each of the following statements and sign this registration form. Your signature indicates your consent.

### Minors

I verify that either: 1) I am not registering a minor (child/youth under the age of 18); OR 2) I am the parent/legal guardian of any minor I am registering; OR 3) I have the permission of the parent/guardian to register the minor and/or sponsor them at the event.

### Consent to Medical Treatment

As the Registrant, or as parent/guardian/sponsor of the Registrant, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. In an emergency, the information contained in this document may be released to qualified medical personnel. Community of Christ personnel may administer prescription medication as needed during the Event.

### Consent to Participate in Event Activities

As the Registrant, or as parent/guardian/sponsor of the Registrant, I specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here:

### Waiver and Release of Liability

In consideration for acceptance of my participation in the Event, or as parent/guardian/sponsor of the Registrant, I hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

### Photo Release

In consideration for acceptance of my participation in the Event, or as parent/guardian/sponsor of the Registrant, I hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

### Event Rules

Participate in a daily work assignment if physically able; Follow the health, safety and property care rules of the campground; Be courteous and respectful of others and their property; No pets allowed on campground property; Do not possess or use recreational marijuana, medical marijuana, alcohol, or illegal drugs on campground property; Do not use e-cigarettes or tobacco products on campground property; You must be the parent or legal guardian, or have consent of the parent/legal guardian, to register and/or sponsor any child/youth under the age of 18; Sponsors of children and youth must be a minimum of 21 years of age or older AND a minimum of 5 years older than the children and youth they are sponsoring; Children and youth must stay with their sponsor, who is responsible for their whereabouts and behavior; Children and youth are those under the age of 18; Community of Christ is not responsible for any lost or stolen items.

### STATEMENT OF CONSENT AND RELEASE

I, the undersigned, and on behalf of each participant listed on this form, verify that the rules, guidelines, and releases specified on this form have been read, understood, and consented to. I, the undersigned, verify that I/we understand that not following the printed or announced rules and reminders of camp may result in myself and/or my family being asked to leave the camp experience.

**X** Signature:

Date: