

II. Participant Release:

In signing this release, I acknowledge the potential danger/harm/injury that could accompany such an event and assume the risk thereof. I acknowledge that I understand the intent and hereby agree to absolve and hold harmless Emmanuel Covenant Church ("ECC"), its staff and/or volunteers and any others connected with this event in any way whatsoever, singly and collectively, from and against liability for any misadventure or injury, in this event or the activities associated therewith (rafting, kayaking, biking, camping, etc.). Furthermore, I hold harmless ECC from losses resulting from the negligence of those listed or otherwise associated with this trip. I, on my behalf of myself, my personal representatives and heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the above individuals and ECC from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of this event and/or during transportation to and from this event.

I am at least eighteen (18) years of age and I am under no mental or legal disability that would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

Signature: _____
(Signature of parent or guardian if under 18 years of age)

Print Name _____

Date: _____

Emergency Contacts

1. Print Name: _____

Number: _____

2. Print Name: _____

Name: _____

Location where medical information/insurance card will be kept:

F.Y.I

Trip Costs include transportation, supplies, camping permits, and most of your food. Guys will need to bring extra money for meals on the way up and back, plus snacks.

Contact information:
Email Tony Fontainne at
fontainenine@gmail.com



2013 ECC MENS BOUNDARY WATERS CANOE TRIP REGISTRATION

Wednesday,
August 7 (eve) -
Sunday, August
11th (late
afternoon)



ECC Men's BWCA Trip



Name: _____

Email: _____

Phone: _____

Address: _____

GROUP CHOICE (1, 2, 3): _____

2nd CHOICE: _____

Total Cost of the Trip is \$95.

Please write checks out to ECC and write "BWCA" in the memo.

SEND REGISTRATION FORM AND MONEY TOGETHER TO: 513 Tanglewood Dr, Shoreview, MN 55126 OR place in envelope labeled "BWCA" in the mailbox at church.

ECC Office use:

\$95 Paid on _____

\$ _____ extra donation for expenses/possible partial scholarships

Please detach this sheet and enclose it with your check made out for \$95 to ECC.

I. Medical Release: In the event of a medical emergency, it is imperative that we be able to contact your medical insurance carrier and primary care physician. You must confirm that you have your medical insurance carrier's and primary care physician's name and phone number in your possession during the entire trip or if not in your possession in a secure location as noted below that someone would be able to access in the event of a medical emergency. You must also consent to emergency medical treatment in the event of illness or injury.

Join us on an adventure into Minnesota's beautiful Boundary Waters Canoe Area.

Group 1: Traveling.

Entering Mudro Lake.
6 spots remaining.

Group 2: Traveling.

Entering Stuart River.
6 spots remaining.

Group 3: Base Camp.

Entering Little Indian
Sioux North.
6 spots remaining.

Groups fill quickly.

To secure your spot, turn in your registration with your attached check.

Indicate which group you'd prefer. Leaders will contact you with more information closer to departure.