



ECC Women's Winter Retreat

Return this Registration and Participant Release with a \$100 deposit by January 18, 2015.

Name: _____

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

RETREAT PLANNING DETAILS:

Help us, help you... by making this retreat the best it can be!

Roommate Preference: _____

Are you able to sleep on a top bunk: Yes No

Are you a: Night Owl OR Early Bird

Are you interested in Carpooling: Yes No

If "Yes," are you available to be a driver: _____ # of People who fit in vehicle: _____

DIETARY NEEDS

Please note any specific information we can pass along to the camp.

REGISTRATION COST

Total Cost of the Retreat is \$170. \$100 is due with registration form on or before January 18. The remaining \$70 is due on or before February 8.

PLEASE INDICATE ON CHECK: "WOMEN'S RETREAT."

Place registration/fees in black mailboxes at church or send to:

513 Tanglewood Drive, Shoreview, MN 55126, Attn: Jennifer Scott

For Office Use Only:

Deposit (\$100) Paid on _____

Balance (\$70) Paid on _____

Extra donation for expenses/possible partial Scholarships. _____



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: _____

Print Name: _____ Date: _____

EMERGENCY CONTACT:

Someone we can reach should the need arise.

Name: _____

Phone Number: _____

MEDICAL INFORMATION:

Please note where your medical information will be kept.
