

Registration Form

Name: _____

Mailing address: _____

Home telephone: _____

Cell phone: _____

E-mail address: _____

Allergies or other special needs: _____

Friend you'd like to room with: _____



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By registering for programs held at or facilitated by Lutheran Church of the Resurrection (LCR), I give permission to be...

...involved in said activities and release LCR, its employees and volunteers of any and all liability in the event of an accident or injury to my child resulting from participation in this program.

...given medical attention overseen by any of LCR's employees and volunteers in the event of a medical emergency. In the event that I cannot give consent in such an emergency situation, I give permission to the attending physician/EMT to treat and/or hospitalize me, and I authorize LCR's employees and volunteers to make decisions regarding any medical treatment. In giving such permission, I understand that I am responsible for all cost incurred for such medical treatment.

...photographed **and/or** video recorded. I understand that this media may be released to other participants, displayed at LCR and used in LCR promotional materials including, but not limited to, LCR's facebook and website.

If you do not agree to any of these terms, please contact Chuck Storla before registering.

Participant Signature:

Emergency Contact Name:

Phone: