

Calvary Family Retreat Registration, Broken Bow, OK

Adult/Parent 1 Name

Adult/Parent 2 Name

Child 1 Name Age M/F

Child 2 Name Age M/F

Child 3 Name Age M/F

Child 4 Name Age M/F

Address

Best Contact Number

City, ST ZIP Code

Email

Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact- **If Applicable**

Home Phone Work/ Cell Phone

Home Phone Work/ Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Food Allergies/Special Health Considerations

Release of All Claims

I/we hereby release, discharge, indemnify, and agree to hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and volunteers from any and all liability for personal injuries and/or damage, injury or illness that the above referenced participants may suffer.

I/we further agree to indemnify and hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself or my child and waive my right to informed consent of treatment. This waiver applies only in the event that either parents/guardians are incapacitated in the case of an emergency.

Signature

Date

Witness Signature

Date