

Just You & Me, Mom!

April 21-22, 2023

(Check-in begins at 2pm on April 21; retreat ends April 22 in afternoon)

Parent Name _____ Birthday _____
MM / DD / YY

Address _____

City _____ State _____ Zip _____

Email _____ Phone & Type _____

Home Church _____ Grandma's Name & birthday (if attending) _____
MM / DD / YY

Names and birthdays of children attending (MM/DD/YY) _____

Does anyone have food allergies? If so, please explain. _____

Do you have any roommate requests (other than your children)? _____

Housing Options (Circle an option. Choice & private rooms not guaranteed. All include Friday supper-Saturday lunch.)

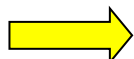
1) Schlichting Inn: \$70 per adult / \$50 per child

2) Standard Housing: \$60 per adult / \$40 per child

3) Camping (Tent or RV): \$45 per adult / \$30 per child

RV Size/Amenity Needs: _____

Payment (Full payment required to register.)



Total payment: \$ _____

(charges for adults + charges for children)

1) Check # _____

2) Credit Card Type (Please circle): Visa MasterCard Discover Amex

Name on Card: _____ CC#: _____

Exp. Date: _____ Card Security Code: _____ Signature: _____

Billing Address (if different from above): _____

Address City State Zip

Medical & Liability Statement: I acknowledge that participation in camp activities involves risk to myself and my family, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I accept personal financial responsibility for any injury or other loss sustained by myself or my family during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me or my family members that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injuries to myself or my family that arise directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injuries arise out of the negligence of Hidden Acres Christian Center, myself, my family, or otherwise.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If Hidden Acres Christian Center and I cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Media Statement: I hereby grant permission to Hidden Acres Christian Center to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my myself and my family and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres Christian Center website, and other forms of electronic publications, without further consent or compensation.

THIS IS A RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT – READ CAREFULLY BEFORE SIGNING. If you are in agreement with and understand the statements above, please sign below for all participants listed on this form. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Parent Participant Signature: _____ Date Signed: _____

Submission Options

- 1) **Mail** (3837 Union Ave., Dayton IA 50530) 2) **Fax** (515-547-2752) 3) **Email** (rachelle.rasmussen@hacamps.org)