Women's Retreat: September 15-17, 2023

N	ame								
Ad	ddress								
Ci	City State						Zip		
Er	mail		Phone & Type						
Bi	rthday / /	<u>/</u> т	-shirt* size (a	dult sizes):	S N	1 L *Plea			3XL I d 3XL shirts
Cł	Church/Group Name Roommate Request(s)								
De	o you have any food allergies	? If so, please lis	st them here:						
Registrati	ion Options (Mark your pref	erences. Choice n	ot guaranteed.	All options in	clude five m	neals: Friday	supper-Su	nday brur	ich.)
	 Standard Housing (\$110/p Inn Housing (\$130/person 		dge Welcome	Center Bunk	house Loc	lge 139 FLC	Johnson	Lodge T	reetopper
	3) Shirt Fee: Please add \$3 fo		nirt						
Payment (Full payment required to register.) Total due: \$									
1	L) Check #								
2	 Credit Card Type (Please circl 	e): Vi	sa	MasterCard		Discover		Amex	
	Name on Card:			CC#:					
	Exp. Date:	Card Security Co	de:	Signatu	re:				
	Billing Address (if different f	rom above):							
			Address		City	St	ate	Zip)

Medical & Liability Statement: I (or my parent/guardian if I'm a minor) acknowledge that participation in camp activities involves risk to myself 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 (or my parent/guardian if I'm a minor) acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I (or my parent/guardian if I'm a minor) accept personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me 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 (or my parent/guardian if I'm a minor) release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, myself, or otherwise.

If a dispute over this agreement or any claim for damages arises, I (or my parent/guardian if I'm a minor) agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If Hidden Acres Christian Center and I (or my parent/guardian if I'm a minor) 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 (or my parent/guardian if I'm a minor) 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 camper 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. 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. If you are a minor, a parent/guardian signature is required for your registration to be accepted.

Participant signature, if an adult

Parent/guardian signature, if participant is a minor

Parent/guardian signature, if participant is a minor

Registration Submission Options

- 1) Mail to Hidden Acres Christian Center, 3837 Union Ave., Dayton IA 50530, OR
- 2) Fax to Hidden Acres at 515-547-2752, OR 3) E-mail to rachelle.rasmussen@hacamps.org
- 4) <u>Groups:</u> Please have each member fill out a copy of this form or register online. No group form is available. We can easily house your group together if you tell us your group name and roommate requests above.

Date

Date

Date