

2019 Crossroads District Midwinter Retreat

Friday, February 8, 7:00 pm to Sunday, February 10, 11:30 am

Adult Registration Form

Name _____

Gender _____

Email address _____

Cell Phone _____

Address _____

Home Church

Special Needs/Allergies/Medical Information/Other:

Emergency Contacts

Name _____ Relation _____

Phone _____

Name _____ Relation _____

Phone _____

Safe Gatherings

I am Safe Gatherings certified.

Additional Terms

Health Release

I hereby give my permission, consent, and authorization for any medical treatment deemed necessary by a hospital or physician while participating in Midwinter. I agree to assume responsibility for the costs of transportation, including any specialized evacuation and of any medical care. I appoint the adult leader in charge my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

I agree to the above additional terms

Photo Release

I, the undersigned, do hereby authorize and give to Midwinter permission and the absolute right to take, publish, use, edit, reproduce, distribute and other similar activity my likeness and/or voice regardless of the medium used, to specifically include but not limited to, photographic, video, audio, digital or other electronic medium. I understand that this information may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document expressly authorize such use.

I agree to the above additional terms