LIABILITY RELEASE AND PRE-RETREAT PREPARATION INFORMATION

*(**SPONSOR HAS PERMISSION TO DUPLICATE**)*

EL SHADDAI RETREAT CENTER

1. THE TOTAL COST OF THE RETREAT IS $ _____ WITH A DEPOSIT OF $ _____ DUE BY: ____/____/____.

2. RETREATANTS ARE TO BRING THEIR OWN TOWELS, LINENS OR SLEEPING BAG, PILLOW, TOILETRIES, SUNSCREEN, AND ENOUGH CLOTHING TO LAST THE DURATION OF THE RETREAT.

3. RETREATANTS ARE HIGHLY ENCOURAGED TO BRING CLOSED TOE SHOES AS THEY ARE REQUIRED FOR MANY ACTIVITIES.

4. THE MAILING ADDRESS FOR RETREATANTS IS: GROUP NAME C/O EL SHADDAI RETREAT CENTER
3004 FM 884, YORKTOWN, TEXAS 78164

3. THE PHONE NUMBER FOR REACHING GROUP/RETREATANTS IN CASE OF AN **EMERGENCY ONLY** IS (361) 491 – 1291.

4. THE SPONSOR SHALL WITHHOLD A RETREATANT FROM ALL RECREATIONAL ACTIVITIES UNLESS THE LIABILITY RELEASE BELOW IS SUPPLIED FOR THAT INDIVIDUAL, COMPLETELY FILLED OUT AND SIGNED.

(DETACH)

LIABILITY RELEASE

1. IF THERE ARE EXISTING MEDICAL LIMITATIONS, INCLUDING ALLERGIES, WHICH WOULD AFFECT OR LIMIT YOURS OR YOUR CHILD'S PARTICIPATION IN ANY RETREAT ACTIVITY, OR OF WHICH MEDICAL PERSONNEL SHOULD BE MADE AWARE, PLEASE INDICATE BELOW. WITHOUT SUCH NOTICE, IT WILL BE ASSUMED THAT YOU OR YOUR CHILD IS PHYSICALLY FIT AND MENTALLY CAPABLE OF PARTICIPATION IN ALL ACTIVITIES. MEDICAL CONDITIONS AND/OR SPECIAL INSTRUCTIONS ARE: _____

_____

2. PLEASE CHECK ANY OF THE FOLLOWING ACTIVITIES IN WHICH YOU OR YOUR CHILD ARE NOT TO PARTICIPATE:

☐ Team Challenge Course ☐ Hayride ☐ Canoeing/Pedaling Boat ☐ Swimming. ☐ Volleyball ☐ Basketball ☐ Football

OTHER ACTIVITIES AND/OR ATHLETICS (PLEASE SPECIFY): _____

_____

3. EL SHADDAI RETREAT CENTER AND (NAME OF SPONSORING ORGANIZATION) _____INCLUDING EMPLOYEES AND REPRESENTATIVES OF THE FOREMENTIONED ORGANIZATIONS SHALL BE HELD HARMLESS FROM ANY SUITS, ACTIONS, DAMAGES, OR CLAIMS AT LAW OR OTHERWISE, RESULTING FROM OR ARISING OUT OF ANY INJURY, ACCIDENT, OR ILLNESS WHICH MAY BEFALL (NAME OF RETREATANT)_____AND/OR HIS/HER PROPERTY WHILE STAYING AT EL SHADDAI RETREAT CENTER.
IF THE RETREATANT IS A MINOR, THIS COVENANT IS APPLICABLE TO THEM AND THEIR PARENTS AND/OR GUARDIAN.

4. THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZES SPONSOR, SPONSOR'S AGENT, OR EMPLOYEE TO TAKE SUCH ACTION AS MAY BE NECESSARY FOR THE MEDICAL CARE OR TREATMENT INCLUDING THE ADMINISTRATION OF MEDICATION, PERFORMING OF SURGERY, OR SUCH OTHER ACTION AS NEEDED IN THE EVENT OF INJURY OR ILLNESS OF RETREATANT WHEN PARENT OR GUARDIAN CANNOT BE REACHED FOR AUTHORIZATION. IN THE EVENT THE ABOVE AUTHORIZED INDIVUDAL(S) REFUSE OR ARE NOT ABLE TO ACT. EL SHADDAI RETREAT CENTER PERSONNEL ARE AUTHORIZED AS SET FORTH ABOVE. THIS AUTHORIZATION MAY BE PRESENTED TO MEDICAL PERSONNEL WITHOUT LIABILITY OF SAID PERSONNEL TO SEEK FURTHER AUTHORITY.

MEDICAL INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

SIGNATURE: _____ DATE: ____/____/_____

IF RETREATANT IS UNDER 18, PARENT OR GUARDIAN MUST FILL OUT THE FOLLOWING

PRINTED NAME: _____ SIGNATURE: _____ DATE: ____/____/_____