

Please complete and mail with payment to: Immanuel Lutheran Church, Attn: Women's Retreat
300 S. Pathway Court, Crystal Lake, IL 60014

WOMEN'S RETREAT REGISTRATION

Immanuel Lutheran Church ~ Crystal Lake, IL

Arrival date: August 16, 2019 Departure date: August 17, 2019

Name: _____ Date: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-mail address: _____

Home Church: _____ City: _____ State: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Allergy Information:

Food: _____ Other: _____

What special treatment might you need for these conditions?

Lodging at the Loyola Retreat Center in Woodstock, IL is double occupancy (two twin beds) with private bath. Do you have a roommate? Her name: _____

_____ My payment of \$75 is enclosed. Please make checks payable to Immanuel Lutheran Church

This completed form must accompany the completed registration form and payment.

Women's Retreat ~ Immanuel Lutheran Church

The statements below MUST be signed in order to participate:

I, _____, acknowledge and state the following; I have chosen to travel to the Woodstock, IL and participate in the Women's Retreat on August 16-17, 2019. I certify that I am in good health and physically able to attend this retreat. I assume all risk and responsibility for any damage or injury to my property or any personal injury, while attending the Retreat. In the event that the Leadership Team of the Women's Retreat arranges accommodations, I understand that they are not responsible nor liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Immanuel Lutheran Church and School of Crystal Lake, Illinois and the Leadership Team of the Women's Retreat, together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this event, and travel or lodging associated therewith, including any damages which may be caused by their own negligence.

Signature: _____ Date: _____

This information included with the completed Women's Retreat Registration form is correct, so far as I know, and I can engage in all activities during the Women's Retreat, Woodstock, IL on August 16-17, 2019.

Signature: _____ Date: _____

Emergency Authorization: I hereby give permission to an adult leader for the Women's Retreat, Woodstock, IL on August 16-17, 2019 to seek medical attention for me in the event of an emergency. If my next of kin or emergency contact cannot be reached to authorize treatment, I also give consent for said adult to order X-rays, routine tests, and treatment from me. I hereby give permission to the medical personnel selected by the adult leaders to hospitalize, order necessary related transportation, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me.

Signature: _____ Date: _____

Legal Release: I release and forever discharge Immanuel Lutheran Church, Crystal Lake, IL and the Leadership Team of the Women's Retreat their agents, servants, employees and other representatives against loss from any and all present or future claims, demands or damages and causes of action either at law or in equity that I may have as a result of my participation in, and attendance at, the Women's Retreat, Woodstock, IL on August 16-17 2019. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless Immanuel Lutheran Church, Crystal Lake, IL and the Leadership Team of the Women's Retreat their agents, servants, employees and other representatives against loss from any and all present or future claims, demands or action in law or in equity that may hereafter be made or brought by me or my family, by anyone on behalf of me or my family, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me during the retreat or travel to or from the same. I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents and have signed the same as my own free act:

Signature: _____ Date: _____

Photography Release: I release the rights to all photos taken of (your name) _____ to Immanuel Lutheran Church, Crystal Lake, IL.

Signature: _____ Date: _____