2020 RETREAT REGISTRATION

Grandparent Name #1: _____

Grandparent Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____

Phone #2: _____

Grandparent Email: _____

Grandchild Name(s): _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____

Lodging Options (please select one): ☐ Cedar Creek ☐ Retreat Center

RELEASE & INDEMNITY AGREEMENT

By signing, I hereby certify that I give permission for my grandchild to participate in the camping program at Covenant Cedars Bible Camp. I authorize Covenant Cedars Bible Camp to use photographs and video, including my grandchild, in camp promotion, and publicity, including printed document, websites, and videos. My grandchild will never be identified by name.

In consideration of permission granted the named individuals to participate in camping activities, we hereby release and agree with Covenant Cedars Bible Camp that we will never individually or as legal guardians of individuals institute any action at law or in equity for any personal injuries or injuries to property, real or personal, caused by Covenant Cedars Bible Camp, its successors and/or legal representatives. We further agree to indemnify and hold Covenant Cedars Bible Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit we might file against them.

Guardian Name	Signature	Date

Guardian Name	Signature	Date

Rules for acceptance and participation at Covenant Cedars Bible Camp are the same for everyone regardless of age, sex, color, race, handicap, or nationality. Any person who believes he or she has been discriminated against in these USDA related camps should write to Administrator of Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302