



Event Registration

PAYMENT FEE

Registration Closes Feb. 8th

Circle one option below:

\$110 Private Room

\$55 Private Room (if you bring 4 kids or more)

Private Room has a private bathroom/ shower. Bedding and towels are provided for.

Method of Payment:

- Visa
- Master Card
- American Express
- Check/Cash (Mail in)

Credit Card # _____

Exp. Date: _____

CCV# (back of card): _____

PARTICIPANT INFORMATION

4th-6th Grade Winter Retreat

Feb. 15th—16th, 2019

Name: _____

Gender: _____ Age: _____

Address: _____

Email: _____

Phone #: _____

T-shirt size : _____ (YM-XXL)

Food allergies: _____

Kids you are taking along:

CONSENT FORM

(includes Challenge Course, canoeing, horseback riding, off campus trips)

To participate in the Challenge Course elements, Tubing Hills, Ice Skating, Broomball, Trap Shooting, Canoeing excursions, off campus out-trips at Inspiration Hills or hosted by Inspiration Hills. (from here on to be referred to as IH), participants must sign the consent form below.

1) **Assumption of Risk:** I want to participate in the challenge or canoeing experiences at IH, horseback riding, Winter activities, or traveling by vehicle to out-trip even though I know there are risks involved, including the risk of serious injury or death. I am willing to assume those risks and any other risk incidental to the program.

2) **Release of Responsibility:** In consideration of the opportunity to participate in these activities, I will not hold IH, its directors, employees, or agents responsible or legally liable for any injuries to my person or property or the results thereof, incurred and suffered as a result of my participation in any of the activities or program of IH.

3) **Willingness to Follow Instructions:** I understand that IH will provide the necessary safety equipment and personnel trained to supervise participation in these activities. I agree to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the IH. I further agree that any failure to do so on my part may prevent my participation in these activities.

4) **Fitness to Participate:** I certify that I have no physical or mental condition that would prohibit my participation in these activities. If I am now or have been in the past under treatment for any physical conditions listed above, I will discuss it with the supervisor of the activity and yield to his or her judgment as to whether I should participate.

I understand that my participation in tubing hills, broomball, ice skating, trap shooting, challenge course, canoeing, horseback or off campus activities is entirely voluntary, and that I may excuse myself from participation if I so desire.

Participants/ Guardians Signature: _____

Date: _____