



45800 Calvin Crest Road, Oakhurst, CA 93644 phone: (559) 683-4450 fax: (559) 683-7118

2018 Women's Retreat Registration Form

Name (First and Last) _____

Name for name tag if other than above _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Birthdate _____ Email _____

Church Name _____ City _____

Emergency Contact and Relationship _____

Primary Phone _____ Secondary Phone _____

Health Information

Please attach a note with any special concerns. Please notify camp if you are exposed to any communicable disease during the two weeks prior to camp attendance. All prescription and non-prescription medications, including vitamins, are kept with you; you are responsible for your own medications and basic first aid.

Dietary Needs: Y N

If yes, explain: _____

Calvin Crest can accommodate most vegetarian, vegan, gluten free, and/or dairy free diets.

Food/Drug /Other Allergies: Y N

If yes, explain: _____

Please note, registered service animals may be present on grounds. All other animals are not permitted on Calvin Crest grounds.

Medical Concerns/Activity Restrictions: Y N

If yes, explain: _____

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services, and facilities. While Calvin Crest strives to operate safe programs and facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.**

Signature (PARENT or GUADIAN if under 18) _____

Print Name _____ Date _____

Women's Retreat

April 20th-22nd, 2018

Please Check Preferred Choice

Rates are per person and include 2 nights' lodging, 5 meals plus Sunday brunch, 4 chapel times, and all recreational activities.

Cedar Lodge Room **\$199**

Do you request a first floor room?

YES NO

Do you request a room with disability access?

YES NO

Mountain View Cabin **\$149**

Do you request a cabin with disability access?

YES NO

Saturday Day Use **\$80**

Includes 3 meals, 2 chapels, and all activities

See website for lodging descriptions and packing list.

www.calvincrest.com

Payment Information

A non-refundable deposit of \$75 (lodging) or \$30 (non-lodging) is required with event registration.

Friday, April 6, 2018

Final Payment is due.

Please enclose **check** or **credit card** information

Payment Amount

NR Deposit Full Other _____

We accept Visa, Mastercard and Discover

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature

Roommate Request

Please complete roommate requests below.

If left blank, a roommate will be assigned from our registered participants.

First Roommate Request

Second Roommate Request

Check-In is on Friday, April 20th from 4-6pm with dinner served at 6pm. The retreat concludes at noon on Sunday after morning chapel and brunch.