



NORTHPARK COMMUNITY CHURCH WOMEN'S RETREAT REGISTRATION FORM

Last Name: _____ First Name: _____

Mobile Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

EMERGENCY INFORMATION

Doctor: _____ Phone: _____

Insurance: _____ ID/Group#: _____

Emergency Contact #1: Name _____

Relationship: _____ Phone: _____

Emergency Contact #2: Name _____

Relationship: _____ Phone: _____

ROOM ACCOMODATIONS

Guest Rooms accomodate up to 3 individuals. You may request to room with 1 or 2 other women. We will do our very best to honor your request.

I would like to be in a 2-person room. I would like to share my room with:

I would like to be in a 3-person room. I would like to share my room with:

CONTINUED ON NEXT PAGE

MEDIA CONSENT

I, the undersigned, hereby grant permission to Northpark to record in video, audio, or any other formats my participation in Northpark's 2023 Women's Retreat, and to the use from time to time of such recording in any form in connection with any Northpark-related events, programs, and promotional activities.

DIETARY REQUESTS

I have special non-medical dietary restrictions.
(Please fill out attached CC Dietary Request Form)

I have special dietary needs due to food allergies or medical conditions.
(Please fill out attached CC Dietary Request Form)

HEALTH ISSUES

Are there any health issues we should be aware of during the retreat (ex., you have an asthma inhaler, epinephrine pen, or insulin injections, suffer from specific non-food allergies, etc.)? If so, please describe:

CONSENT TO MEDICAL CARE

In the event that representatives of Northpark are unable to reach the listed emergency contact(s) at any of the given telephone numbers, and, in Northpark's reasonable judgment I require emergency or urgent medical or dental care, I hereby consent and authorize an employee or other adult representative of Northpark to cause such emergency or urgent medical, surgical, or dental examination, diagnosis or treatment, and/or hospital care, to be rendered to me under the supervision and on the advice of a physician, physician's assistant, nurse, or dentist duly licensed under the provisions of California law. I agree to be responsible for, and hereby agree to pay, all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization, including any medical transportation costs.

RELEASE AND INDEMNITY

I agree to indemnify, defend and hold harmless Northpark Community Church, its employees, representatives and staff of the Northpark Women's Retreat from any liability that may result directly or indirectly from my participation in the retreat. This waiver and release shall include without limitation: (a) any injury, illness, death, property damage or loss to me which may be caused by any act or failure to act by the staff or volunteers of Northpark and/or the retreat; (b) loss or damage to, or theft of, my personal property; or (c) the interruption or cancellation of the retreat, for whatever reason.

PAYMENT & REFUND POLICY

Because Calvin Crest requires Northpark to pay for the number of participants we have committed to in our contract, we have established the following policy for deposits, payments, and refunds:

1. A non-refundable \$75 deposit is required to hold your spot.
2. Full balance is due by September 1, 2023.
3. Cancellation requests submitted before September 1, 2023 are entitled to 100% refund of total amount (less \$75 deposit).
4. Cancellation requests submitted September 1, 2023 through September 10, 2023 are entitled to a 50% refund of total amount (less \$75 deposit).
5. Cancellation requests submitted after September 10, 2023 are not entitled to a refund.

Printed Name of Participant

Signature of Participant

Date: _____



Accident Waiver and Release of Liability Form

I, _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES at CALVIN CREST CONFERENCES, including by the way of example and not limited to, any risks that may arise from negligence of carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of the possible liability without fault. I certify that I understand the potential risks including but not limited to:

1) Risk associated with recreational activities. I acknowledge that protective gear does not eliminate risk of recreational activities and may not reduce the risk of injury in the event of an accident. 2) Risk associated with poor lighting, rough terrain, and other natural and man-made elements that could result in injury. 3) Risk associated with wild animals in and around cabin areas and throughout Calvin Crest. 4) Risk associated with other guests and staff members that may be onsite, especially as related to COVID-19.

I expressly understand and agree that my use of Calvin Crest's facilities and premises presents known and inherent risks regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough, fever, pneumonia, hospitalization, and death. I am responsible for evaluating the risks that I may face. By my signature below and engaging in camping at Calvin Crest, in exchange for the opportunity to voluntarily participate in camping, I have assumed the risks and am responsible for my actions. I further recognize, understand, and agree that Calvin Crest assumes no responsibility for any liability, damage, or injury relating to or resulting from Covid-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of Calvin Crest's facilities and premises.

Calvin Crest hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces, wearing gloves when cleaning and disinfecting, maintaining social distancing from its employees, visitors, and guests, and wearing face masks when in the company of guests. Calvin Crest will stay apprised of any recommendations of the CDC and will consider action accordingly. Further, Calvin Crest may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary.

I acknowledge that I will also take certain safety measures to help prevent, as best as I reasonably can, infection or spread of Covid-19, including: ensuring that I do not have any symptoms of Covid-19 prior to entrance onto or use of Calvin Crest's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on the Calvin Crest premises, maintaining social distancing, and proper use of face masks when in the company of others. In the event that the CDC recommends additional safety measures, I agree to pursue utilization of such safety measures upon verbal or written request of Calvin Crest.

I have no physical or mental illness that precludes my participation in a safe manner for myself or others. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety awareness or endangers others. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organization in which I may participate, and that it will govern my actions and responsibilities at said activity. I agree that all staff or authorized agents may, in their sole discretion, determine it is unsafe for myself or others for my participation to continue, remove me from the premises by any lawful means. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows:

A) WAIVER, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence of fault of the entities or persons released, for my death, disability, personal injury, property damage,

property theft, or actions of any kind which may hereafter occur to me, including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to my use of and entrance upon Calvin Crest's facilities and premises relating to or resulting from possible or actual exposure to Covid-19. THE FOLLOWING ENTITIES OR PERSONS: The directors, officers, employees, volunteers, representatives, and agents of any and all entities authorizing this activity; I further waive any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from my use of and entrance upon Calvin Crest's facilities and premises. I acknowledge and agree that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after my use of and entrance upon Calvin Crest's facilities and premises. By signing this agreement, I am giving up legal rights.

B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or otherwise. I specifically understand that I am personally responsible for my actions and omissions and any resulting illnesses or injuries relating to or resulting from Covid-19 and agree to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Calvin Crest, and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from any and all actions, claims, or demands that I, and assigns, have or may have for any and all illnesses or injuries relating to or resulting from Covid-19, I may suffer or sustain, regardless of cause or fault, as a result of my voluntary decision to utilize the facilities and premises of Calvin Crest, caused by any act or omission of Calvin Crest, its employees, visitors, and guests resulting from utilizing the facilities and premises of Calvin Crest.

I acknowledge that the directors, officers, employees, volunteers, representatives, and agents of any authorizing entity are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. The undersigned further acknowledges that he/she has inspected the facilities, equipment, and areas to be used for Calvin Crest Conferences and is participating despite the risk of falls, contact and/or crashes with other participants, defective equipment, the condition of the grounds/buildings and any hazards that may be posed by spectators or volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

Print Participant's Name

Age

Participant's Signature
(Parent/Guardian Signature if Participant is under 18 years old)

Date

CHILDREN'S RELEASE: For all persons under (18) years of age, a parent or legal guardian must sign the following:

The undersigned _____ (parent/guardian) the parent and natural or legal guardian of _____ (minor's name) hereby acknowledge that he/she has executed the foregoing release for and on behalf of the minor named herein and agree to bind myself, the minor, his/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of all medical care. By signing this agreement, I agree that I or the part of my responsible party lose my/our right to sue anyone involved with Calvin Crest Conferences.

Print Participant's Name

Age

Parent/Guardian Signature

Date



Calvin Crest

Dietary Request Form

Please list your non-allergy, non-medical dietary restriction AND/OR your food allergy or dietary need due to medical condition. **Please return three weeks prior to your arrival date.**

Participant Name: _____ Phone Number: _____

Parent/Guardian Name (if under 18 years old): _____

Group Name: _____ Event Dates: _____

--NON-ALLERGY, NON-MEDICAL DIETARY RESTRICTIONS--

Examples: Vegetarian diet, non-Celiac gluten free, or foods prohibited due to religious beliefs

Please list any non-allergy, non-medical dietary restrictions:

Please list food substitutions that may be considered:

--FOOD ALLERGIES/DIETARY NEEDS DUE TO MEDICAL CONDITION--

Examples: Peanut/nut allergy, Celiac Disease

Please list any food allergies or dietary needs due to a medical condition identified by a doctor:

Please list necessary precautions and/or substitute food options:

To help us better understand your allergy, please check one:

- Consumption (Allergic reaction occurs when the individual eats the allergen.)
- Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen.)
- Not sure.

Have you been prescribed an epinephrine auto-injector? Yes / No