

## Guest Information (Please Print)

Calvary Chapel



Retreat Center & Camp

Date: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

### Check this box

Please keep me informed about Ministry Opportunities at Arrowood Retreat Center.

Why are you here?  Guest  Work Crew  Doulos

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*Please note that Arrowood Retreat Center is located in a forested/wooded area with a creek and with such has wildlife and other inherit risks. By signing, you acknowledge said risks. Thank You*

### ***Please Read Carefully and Sign:***

In consideration of being permitted to attend and/or participate in programs offered at Arrowood Retreat Center.

I agree that I will not hold Arrowood Retreat Center, or their staff, agents, representatives, volunteers, or others acting on behalf of Calvary Chapel Myrtle Beach, responsible for any accidents, injuries, death or damages or losses of any kind which may arise out of my attendance or my child at and or participation in any programs or stays, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such event by or at the request of Arrowood Retreat Center, its staff, agents, representatives, or volunteers.

I hereby authorize Arrowood Retreat Center and Calvary Chapel Myrtle Beach, or the adult staff member or volunteer designated by Arrowood Retreat Center to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required. I understand that I will be responsible for payments of all emergency medical expenses incurred by or on my behalf or my son or daughter.

I further hereby authorize physicians and emergency medical personal to provide medical attention and treatment, which they, in their medical Judgment, deem reasonably necessary for my or child's emergency on behalf of Arrowood Retreat Center or Calvary Chapel Myrtle Beach, or as volunteers in connection with event, libel for any negligence, or any actions or omissions, relating to any illness, injury or death, and absolve them from all such liability.

Name or Parent or Guardian Name (Please Print)

Signature:

Date:

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