

COLLEGE & CAREER

Winter Retreat

February 24 – 26, \$40

Name: _____ M F

Home phone: _____ Cell phone: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Willing to drive? Y N How many seats (including driver)? _____

Is your vehicle four wheel drive? Y N

Emergency contact name: _____

Relationship: _____ Phone: _____

I the undersigned agree to participate in the activities at Northwest Community Church. In consideration of Northwest Community Church providing these activities, I do hereby release NCC, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises or on the way to or from these activities. I agree to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities.

I hereby give my permission to the physician, nurse, or dentist selected by Northwest Community Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities. As a participant, I understand Northwest Community Church is not obligated to carry any insurance to cover these medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Signature

Date

TO BE FILLED OUT BY NCC STAFF

Date of submission: _____

Amount paid: \$ _____ by: Cash Check Other

Notes: _____