

# EQUIP Conference Participant Registration

## October 19-20, 2018 at Round Lake Christian Camp

### Participant Information

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Church \_\_\_\_\_

Please let us know when you plan to arrive for check-in:  8:00-8:45 am on Oct. 19  6:00-6:30 pm on Oct. 19

**Retreat fee is \$50 per person. No refunds. Retreat fee due with registration.**

### Liability and Medical Consent (Please Sign)

I hereby give permission for all participants listed on this registration to participate in recreational, swimming and learning activities and to be bound by all camp policies in force. I deem all participants listed on this registration qualified in good health, proper physical condition and desire that these participants participate in the full range of camp activities and acknowledge the natural conditions of camp activities and the interaction with other participants of various ages may subject participants to a risk of serious injury.

Consent of Medical Treatment: I hereby authorize the management of Round Lake Christian Camp and its representatives consent to any necessary examination, diagnosis, surgery or treatment and/or hospital care to be rendered to participants as named on this form under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. I accept all financial responsibility for the medical treatment of the participants named on this form.

If a program activity is planned for the particular camp session of the participants listed on this registration card, or medical care is necessary for my participants or the participants under my (care), I hereby give permission for Round Lake Christian Camp to transport said participants off camp property for a program activity or medical treatment. In addition, I will hold Round Lake Christian Camp and its representatives harmless should personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred to all participants listed on this registration during, or arising out of, said participants' participation in an off camp activity or medical care treatment including but not limited to travel incident thereof.

I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Camp, its staff, management, faculty, volunteers, or officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my participants listed on this registration.

By signing this I acknowledge that I have read and agree to the Waiver of Liability and Medical Consent statements above.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete the section below if you would like to pay via credit card. You may also opt to mail a check (payable to Round Lake Christian Camp) to the camp along with your registration form. Forms should be mailed to:

Round Lake Christian Camp

Attn: EQUIP Conference

114 State Route 3

Lakeville, OH 44638

You may also register online at [www.roundlake.org](http://www.roundlake.org).

### Credit Card Information

Please print cardholder name: _____
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Select One: Visa/MasterCard/Discover/American Express Amount to be charged to credit card \$ _____
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Credit Card #     -     -     -

Expiration Date as Shown on Card \_\_\_\_/\_\_\_\_

Verification Number (located on back of card, 3 digits)

Signature of Card Holder \_\_\_\_\_

Card Holder's Contact Number (\_\_\_\_) \_\_\_\_\_