

Round Lake Christian Camp

2020 Ministry Roundtable Retreat

February 10-11, 2020

For those attending February 10, check-in will run from 5:30-6:30 pm. For those arriving February 11, check-in will be at 8:30 am. Check-in will take place at the Retreat Center on the Camp Side.

Participant Information: **ONE FORM PER PERSON PLEASE.** Thank you!

First & Last Name _____ Date of Birth _____ Male/Female

Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ E-mail: _____

Home Church _____

Are there any food allergies or any other medical conditions we should be aware of?

RECREATIONAL ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

To attend Round Lake Christian Assembly-Round Lake Christian Camp, a copy of this waiver must be completed by each adult registering for the event. If the individual who is being registered for the event is a minor, a copy of this waiver must be completed by a parent or legal guardian for every child. Please read the waiver in full and be certain that you understand the implications of signing.

Express Waiver of Risk(s) Associated with Recreational Activities: I, as an adult registering for this event or as the parent or legal guardian of a child registering for this event, hereby affirm and acknowledge that I fully understand the hazards and risks associated with the many outdoor and other recreational activities which I or my child may engage or participate in at Round Lake Christian Assembly-Round Lake Christian Camp. The inherent risks and hazards include but are not limited to:

- 1) Injuries sustained from any and all outdoor activities, such as running, jumping, hiking, swimming, biking, climbing, camping, cooking, engaging in sporting events such as basketball, volleyball and more.
- 2) Injuries sustained from objects that are either natural or man-made, such as rocks, cliffs, trees and campfires, or from misjudging trails or other terrain that induces slipping, falling, colliding or otherwise.
- 3) Injuries and illnesses from swimming, diving, scuba diving, cliff jumping, impacting the water, and/or water entering bodily orifices.
- 4) Injuries from hypothermia, heat stroke, dehydration, etc. from exposure to the elements, such as rain, cold, excessive heat or the weather in general.
- 5) Injuries or illnesses sustained from either plants or animals, such as poison ivy, poison oak, poison sumac, aggressive or biting pets, service animals, wildlife, or exposure to any plants or animals present within the camp in general.
- 6) Accidents, injuries or illnesses occurring in remote locations where no immediate medical attention is available.

I understand that the description of these risks is in no way complete and that all such dangers, both anticipated and unanticipated, can lead to illness, injury, permanent disability, drowning and death.

CONTINUED ON BACK- PLEASE SIGN!!!

You may also register online at www.roundlake.org.

Unfortunately, we can no longer accept registrations over the phone due to needing a signature along with each registration. We apologize for any inconvenience and greatly appreciate your understanding. If you have any questions regarding the retreat, please feel free to give us a call at 419-827-2017. We hope to see you soon!

Release of Liability, Waiver of Claims and Indemnity Agreement:

In making it possible to participate in many of the above-described activities and more, I both agree and acknowledge that:

- 1) I hereby release and hold harmless with respect to any and all illness, injury, disability, death, or loss or damage to person or property—whether caused by negligence or otherwise—the following named persons or entities, herein referred to as Releasees: Round Lake Christian Assembly, Round Lake Christian Camp, and any and all other camp programs of Round Lake Christian Assembly.
- 2) I hereby release the Releasees, their officers, directors, managers, employees, representatives, agents, volunteers, and other vessels from any and all liability and responsibility and for any claims that I, my estate, heirs, survivors, executors, or assigns or my child's, estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with regard to any illness, injury, disability, death, or loss or damage to my or my child's personal property that can ensue from engagement in the full body of activities as stated above and otherwise.
- 3) By entering into this agreement, I am not relying on any oral or written representation or statements made by the Releasees other than that set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING IT. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.

Signature _____

Print Name _____ Date ____/____/____

Registration Fee* (Please mark your selection)

- ☐ Full Retreat (Monday & Tuesday): \$60
- ☐ Monday ONLY (Ministers' Roundtable): \$20
- ☐ Tuesday ONLY (95Network Training): \$45

***ATTENTION 95NETWORK MEMBERS: please write the code for your 95Network discount to receive your \$35 discount for Tuesday: _____**

Round Lake Accepts: Checks, Cash, Money Order, Visa, Master Card, American Express and Discover. No Refunds. Full tuition is due with registration form. Make checks payable to Round Lake Christian Camp. Mail payment and registration to:

**Round Lake Christian Camp
Attn: Ministry Roundtable Retreat
114 State Route 3
Lakeville, OH 44638**

FOR CREDIT CARD PAYMENTS – FILL OUT REQUIRED INFORMATION BELOW

Amount to be Charged to Credit Card \$_____ Please Print Cardholder Name on Credit Card _____

Credit Card # - - -

Expiration Month & Year as Shown on Card ____/____

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

Signature of Card Holder _____ Date _____

Card Holder's Contact Number (_____) _____