

Georgia District Men's Retreat 2012 Application

Please complete and mail this form with your \$25.00 (non-refundable) deposit per person to:
Don Moody, 103 Ashwood Ct., Leesburg, GA 31763 by December 19, 2011.

REMEMBER TO BRING SOMETHING FOR THE AUCTION

Use One form per person

Lodging and Cost (Check below your preference)

Latham Lodge: \$135 one person per room _____ Latham Lodge: \$ 85 per person, 2 per room _____

**All Dorms: \$ 70 per person _____ Private Cabin: \$ 60 per person _____ Camper: \$ 60 per person _____
(Limited Camper spaces)**

**Drive – in and meals \$ 60.00 per person _____
(Helps also with Retreat expense)**

Name: _____ Home Address: _____

City: _____ State _____ Zip Code _____ Phone: _____

E- mail: _____ Home Church: _____

I would like to room with _____ I need first floor accommodations: _____

LIABILITY RELEASE

I, _____ as a participant in the Georgia District Church of the Nazarene (hereinafter "District") Men's Retreat, to be conducted on January 13-15, 2012 am aware of the purpose and scope of this event. I recognize that it is an extraordinary church function and accept responsibility for the general and normal risks involved in this activity. Therefore, in consideration of the District permitting me to participate in this Event, I release the District, their respective members, officers, directors, subcontractors, employees and/or agents of liability for any injuries and/or losses which may occur or arise out of [whether directly or indirectly] by way of my participation in such activity, except those caused by the willful, wanton, reckless or malicious actions of said District and their respective members, officers, directors, sub-contractors, employees and/or agents. I understand the event may include off campus activities.

MEDICAL RELEASE

Do you have: (Circle any that applies) Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, Communicable diseases

List any other information that might be helpful to Medical personnel. etc.

Do you have any physical limitations that we should be made aware of: _____ If yes, please explain:

Are you presently under a doctor's care? _____ If yes, please explain:

If it is necessary for my health to have medical, surgical and dental care administered and I am not able to communicate, I give permission to authorize this care for myself for the period of the activity as part of the Georgia District Men's Retreat.

Signature (If under 18years old parent/guardian must sign)

Insurance Company _____

Policy # _____

Emergency Contact person _____

Emergency Phone Number _____