

Registration Form



Retreat Name

Respite Only

Retreat Date(s)

Coming with Group?

Individual/Couple sign up

Please provide the following information

Basic Information

Last Name

First Name

Phone Number

Email

Address

Street

City State Zip

Other pertinent information

Male

Food Sensitivities

Female

Mobility Issues

Desired Roommate

****Rooms are single bed/shared rooms: \$45 per bed \$90 per room**

Non-Group Retreat Lunch/Dinner Info

Lunch: Which day(s)

Dinner: Which day(s)

For Office Use

Sent to ZH:

Date:

Consents Sent :

Date:

Consents Returned :

Date:

Room Assigned:

Date:

Welcome letter sent :

Date:



Waiver and Consent Form

READ THIS DOCUMENT (THE "WAIVER") CAREFULLY BEFORE SIGNING. THIS WAIVER WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

Name of Participant (Please print)

Elizabeth Ministry International, EMI's Zechariah House Evet/Program/Activity and Date(s)

I, on behalf of myself, our heirs, assigns, executors, administrators and all representatives:

- 1) HEREBY RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE Elizabeth Ministry International, EMI's Zechariah House and/or any of their affiliated companies and/or any of their respective owners, officers, employees, volunteers and agents (the "releases") from any and all claims resulting from death, bodily injury or property damage arising out of or connected in any way with the participation of myself in any activities associated with the Event/Program/Activity described above, including, without limitation: cooking/baking, crafting, heating elements, playing, use of overnight facilities, walking, running, eating, sleeping and observing demonstrations of these activities or others engaged in these activities, except to the extent that the claims are a result of the intentional or reckless conduct of the Releases. Furthermore I acknowledge that the Releases from any and all liability, claims, damages and causes of action and costs of defense including attorney fees and other costs of whatever kind of nature which may arise or which result from participation in the Event/Program/Activity.
- 2) Intended for this to include release and waiver of any and all claims arising out of any negligence of the Releases, including negligent first aid and rescue operations.
- 3) Knowledge that the Event/Program/Activity poses a danger of serious bodily injury, including permanent disability, paralysis, and/or death, and a risk of property damage. The risks and hazards associated with the Event/Program/Activity may be without warning or identifiable cause and include, but are not limited to: the risk of burns or other injury by hot food, cookware or craft supplies, tripping, falls, collision with an object or other participant, rough play, limitations of one's own physical condition, acts of other participants, latent or apparent defects, and failure or malfunction of equipment.
- 4) Represent and warrant that, to the best of my knowledge, that I do not have any physical or health-related condition that makes it inappropriate to engage in the Event/Program/Activity.

I further acknowledge, represent, understand and agree as follows:

I have read this waiver in its entirety, been given sufficient time to review it and ask questions, and fully understand its terms. By signing this document, I am giving up substantial legal rights.

I have had the opportunity to bargain for different terms of participation in the Event/Program/Activity. I understand that a more limited waiver and release would result in a higher cost of participation. My signature indicates that I do not wish to further negotiate the terms of this document and that I accept its scope. I have the right and have been given the opportunity to seek independent legal advice before signing this Weiver.

I have signed this document freely and voluntarily without any assistance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participating Adult

Date

Photography Consent and Authorization to Use Images and Recordings

I hereby authorize Elizabeth Ministry International and its affiliated companies, employees, agents, and their designees (collectively “Elizabeth Ministry”) to photograph and/or to capture video and/or audio recordings of myself.

I further authorize Elizabeth Ministry to use such photographs and/or video/audio recordings in public communications, the Elizabeth Ministry website, in Elizabeth Ministry advertising and social media, as well as Elizabeth Ministries publications, including, without limitation, print and electronic newsletters, pamphlets, brochures, and books. The uses of these materials may include publicity, marketing, promotion, and/or education. I consent to the use of the photographs and/or video/audio recordings by other media outlets as well, including such as external media as television, radio, websites, newspapers, and social media.

I understand that my consent to these activities and uses is voluntary and I will not be provided any financial compensation in exchange for this consent and authorization.

On behalf of myself, I disclaim all intellectual property rights in any photographs, videos or audio recordings taken pursuant to this authorization, and I waive, release, hold harmless and forever discharge all claims and causes of action I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf have or may by reason of this authorization.

I represent that I am 18 years of age or older and have full authority to execute this authorization on my own behalf.

Name of Adult Participant (Please Print)

Signature of Adult Participant

