

MEN'S QUAD RETREAT

June 7-9, 2024

Coalmont, BC

Contact Name:

Contact e-mail:

Contact Phone:

Other people you are signing up

First Name	Last Name	Phone

Does anyone have any medical conditions and/or allergies? If so, please write name and then explain condition/allergy including any medications taken and instructions care in detail.

I/we understand that ATV vehicles and activities are potentially dangerous and may cause serious injuries, including death and damage to personal property.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT BETWEEN APPLICANT AND SARDIS FELLOWSHIP BAPTIST CHURCH: I/we, the applicants, undertake and agree to indemnify and hold the Leadership of the Ministry, Staff, and any employees of Sardis Fellowship Baptist Church from and against any loss, damage or injury suffered by me/us as a result of being part of the activities of Sardis Fellowship Baptists Church, as well as any medical treatment authorized by the supervision individuals representing the church.

TURN PAGE OVER



I/we understand that people under 16 years old need to have direct adult supervision while on ATV's at all times. All age limit requirements set by ATV manufactures will be adhered to.

I/we agree to not bring or consume any alcohol, drugs (legal or illegal, prescription medication not included), during the quad retreat, understanding that if I/we violate this rule I/we will be asked to leave the retreat without remuneration of fees paid.

Total Number of people coming _____

Payment Info: 3 days \$75 2 days \$50 1 day \$25

Payment Type: Cash Debit Machine

Office Use only:

Cash amount received: _____

Debit amount received: _____

Clerk signature: _____