



Friday, March 11, 4 pm - Sunday, March 13, 2020, 1 pm Location: Camp Allen, 18800 FM 362, Navasota, TX 77868

For more info and to register online: www.achouston.org/retreat/

DEPOSIT POLICY: Reservations will be held for those who pay at least the \$50 deposit/person (non-refundable).
NO SATURDAY OPTION THIS YEAR

ACTIVITY POLICY: Activity fees must be pre-paid in full to reserve your activity session
All activities below require a completed Medical Form. See Back ----->

	ALL WEEKEND (includes all meals and lodging)						OPTIONAL ACTIVITIES (First come first served)			OPTIONS: a) Full payment b) \$50 deposit (balance at retreat) c) Activity fee & Tshirt (must be paid in full now)	
	Adults	College Students	Middle High School	Elementary (6-11)	Preschool (2-5)	Baby Toddler <2	T Shirt Size	Horseback (10-yr-old min.; 180lbs max)	Skeet Shooting (adults only)		Canoe
On or after Feb 14:	\$ 150.00	\$ 125.00	\$ 75.00	\$ 75.00	\$ 50.00	\$ 50.00	\$15.00	\$30.00	\$30.00	\$10.00	
Name:											\$
Name:											\$
Name:											\$
Name:											\$
Name:											\$
Name:											\$

Grand Total: \$ _____

Payment today: \$ _____

At least \$50 required deposit (non-refundable)/person

Prayerfully consider adding a DONATION: \$ _____

Balance to be paid at the retreat: \$ _____

Cash or Check #: _____
(Check payable to ACH)

PayPal info@achouston.org Zelle
OR achurchhouston@aol.com

To pay by Credit Card, kindly fill CLEARLY all info below:

Credit card #: _____

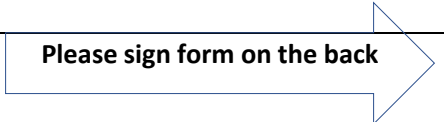
Full Name on Credit card: _____

Exp: ____ / ____

Address: _____

CVC: _____

Zip Code: _____



Camp Allen's Participant Acknowledgement and Assumption of Risk/Release Agreement

Your safety is important to us. Please read this document carefully. It affects the legal rights of you and any child of yours who might be a visitor to Camp Allen. This document must be signed by all adults (eighteen years and older) and the parents of all minor visitors before participating in any activities at Camp Allen which include horseback riding, nature walks, aquatic activities, skeet shooting and challenge course elements among others.

I understand that the event or activity may itself present certain hazards and risks which may involve the user of Camp facilities and equipment and the services of the Camp staff, all of which may include the possibility of harm or loss to me, or the child. I am the parent or guardian of a child who is visiting the Camp. I have discussed these activities and risks with the child, who understands them. I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each activity, and my responsibility to know my limits and comply with the safety standards.

Agreement of Release and Indemnity

I affirm that my health or that of the child is good and that I know of no reason why participation in the activities might cause harm to the child, others, or me. I have chosen to participate in an activity and accept full responsibility for my choices. I agree for myself and, if I am a parent or guardian of a visiting child, on behalf of that child, to release and agree not to sue the Camp Allen Camp and Conference Center, The Episcopal Diocese of Texas, and the affiliate, Governing Boards, staff and contractors of each (released parties) from any claim which I may have for injury, death or other loss incurred in any way related to my visit to the Camp.

Parents sign this agreement for him or her and, to the maximum extent allowed by law, on behalf of each minor child who is a visitor. The acknowledgement and assumption of risks and the agreements of release and indemnity include losses and claims arising in whole or part from the negligence, but not the gross negligence or intentionally wrong conduct, of a released party.

Authorization for Emergency Medical Treatment

In the event emergency aid/treatment is required due to illness during the process of receiving services, or while being on the property of Camp Allen, I authorize Camp Allen personnel to:

Secure and retain medical treatment and transportation, if needed.

Release guest records upon request to the authorized individual involved in the medical emergency. This release is binding upon my heirs, executors, and assigns.

If at any time your behavior or actions are found to be unsafe, you may be asked not to participate.

Name (Please Print) _____ Date of Birth _____

Minors Names/Age _____

Your Health Insurance Company (if none write NONE): _____

Your Address _____

Email: _____ Phone _____