



GODLY MEN

**A WORK
IN PROGRESS**

LCMC North East District Men's Retreat Registration & Release Form
Location of Retreat: Camp Duffield + 11740 Worden Road + Delevan, NY 14042
Date: Friday, October 15th, 2010 through Sunday, October 17th, 2010

PLEASE RETURN YOUR REGISTRATION FORM & DEPOSIT TO:
SAINT PAUL'S LUTHERAN CHURCH
ATTN: MEN'S RETREAT
PO BOX 103
WEST FALLS, NY 14170-0103
SPACES LIMITED! REGISTER EARLY!

Enclosed is check for (please choose one):
 \$60.00 Deposit (balance of \$60.00 to be paid at check-in. \$30.00 non-refundable if you cancel)
 \$120.00 Full Payment (\$30.00 non-refundable if you cancel)
Make checks payable to:
Saint Paul's Men's Ministry

NAME: _____ **NICKNAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

PHONE: _____ **ALT. PHONE:** _____

E-MAIL: _____

HOME CHURCH: _____

PASTOR: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

SPECIAL NEEDS: _____

(Please include any allergies or medical conditions, any medications, and any food requirements that staff should know about. This information is needed so we can accommodate your special needs and will be held in strictest confidence.)

Please read the following release statement. By submitting this registration form, you are indicating your voluntary agreement with this statement:

1. I personally assume responsibility for my actions, agree to abide by the Rules of this event, and release Lutheran Congregations in Mission for Christ, Saint Paul's Lutheran Church, Camp Duffield (herein the Hosting Groups), their Trustees, employees, and agents from loss, injury, or damage to myself or my property; provided that nothing contained herein shall excuse its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.
2. I give permission to the hosting groups to obtain medical aid or assistance as might be required for my immediate care in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examinations or hospitalization such as might be ordered by a duly licensed medical doctor. I release and discharge the Hosting Groups, their Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
3. I give permission to the hosting groups to be photographed, recorded, and/or videotaped and to allow this material to be used for publicity.
4. I certify that I am over 18 years of age and have the capacity to consent to the terms of this Release.
5. I certify that I am competent to sign this Release, and have done so voluntarily.

SIGNATURE: _____

DATE: _____

Questions? Contact Rob Riehle at 716-912-0249 or Saint Paul's Church Office at 716-652-9197