

Love Fellowship Ministries – Deeper Retreat
Retreat Consent Form

I _____, agree to be responsible for my behavior, to respect the safety of others and myself. I understand that I am not to bring any electronic devices on this trip, including but not limited to media, telecommunication, and gaming devices. Leaders reserve the right to confiscate any of these items and return them prior to my going home at the end of the event.

Date _____ Retreater's Signature _____

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the designated sponsor permission to act on my behalf to those administering treatment. I _____, hereby affirm and agree that I am the parent/guardian of a minor. I agree, on behalf of the minor named above to release and hold Love Fellowship Ministries Inc. harmless of any liability as a result of registrant's activities during this event.

Parent/ Guardian Name(s): _____ Signature _____

Any allergies or medical conditions _____

Any needed medication? Yes/No _____

Insurance Information:

Insurance Provider: _____ Account Number: _____

Primary Physician : _____ Primary Care #: _____