Men's Retreat: January 19-21, 2018

(Arrival & check-in begin at 4pm on January 19)

All attendees must be at least age 13 by 1/19/2018

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birthday ____/____/____ (MM / DD / YY) T-shirt* size (*adult sizes)*: S M L XL 2XL 3XL

**Please add $3 for 2XL and 3XL shirts*

Church/Group Name _____ Roommate Request(s) _____

Do you have any food allergies? If so, please list them here: _____

Registration Options **(Mark your preferences. Choice not guaranteed. All options include five meals: Friday supper-Sunday brunch.)**

1) Standard Housing ($90/person): *Main Lodge Welcome Center Bunkhouse Lodge 139 Johnson Lodge Family Life Center*
2) ~~Inn Housing ($110/person)~~ **All rooms reserved as of 12/13/17. Only select this if you're joining a friend who has reserved an Inn Room.**
3) Shirt Fee: Please add $3 for a 2XL or 3XL shirt

Payment **(Full payment required to register.)** **Total due: $ _____**

1) Check # _____
2) Credit Card Type (Please circle): Visa MasterCard Discover Amex

Name on Card: _____ CC#: _____

Exp. Date: _____ Card Security Code: _____ Signature: _____

Billing Address (if different from above): _____
Address City State Zip

Medical & Liability Statement: I acknowledge that participation in camp activities involves risk to myself (or my parent/guardian if I'm a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I (or my parent/guardian if I'm a minor) acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I (or my parent/guardian) accept personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I (or my parent/guardian) release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, myself, or otherwise.

Media Statement: I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my camper and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Signature*: _____ Date Signed: _____

**if you are a minor, please have your parent/guardian sign here.*

Registration Submission Options

1) Mail to Hidden Acres Christian Center, 3837 Union Ave., Dayton IA 50530,
2) Fax to Hidden Acres at 515-547-2752, OR
3) E-mail to rachelle.rasmussen@hacamps.org
4) **A Note for Groups:** Please have each member (A) fill out a copy of this form or (B) register online. No group form is available.