



April 27-29, 2018 @ Pend Oreille Bible Camp

MAIL REGISTRATION & FEE TO:  
**Pend Oreille Women's Retreat**  
c/o Kristie Rhodes  
PO Box 107  
Cusick, WA 99119  
724-777-6168 or  
[klrhodes888@gmail.com](mailto:klrhodes888@gmail.com)

## Registration

### CONTACT INFO

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Church: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT INFO

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Registration Fee** **\$79.00**

*(includes 2 nights' accommodations, meals, participant guide, and activities)*

T-shirt (\$9) (plus sizes \$11) Qty \_\_\_\_\_ Size \_\_\_\_\_ \$ \_\_\_\_\_

Zip-up hoodie (\$24) (plus sizes \$26) Qty \_\_\_\_\_ Size \_\_\_\_\_ \$ \_\_\_\_\_

Hard-cover book (\$11) Qty \_\_\_\_\_ \$ \_\_\_\_\_

**Total Enclosed: \$ \_\_\_\_\_**

All registrations must be postmarked by April 18, 2018  
Please make checks payable to: **"Dalkena Community Church"**

**MEDICAL RELEASE**

Do you have any special dietary restrictions or requirements?  YES  NO  
If yes, please explain:  
\_\_\_\_\_

Life threatening allergies or conditions?  YES  NO  
If yes, please explain:  
\_\_\_\_\_

Allergies?  YES  NO  
If yes, please explain:  
\_\_\_\_\_

Special medications?  YES  NO  
If yes, please explain:  
\_\_\_\_\_

Health / Accident Insurance?  YES  NO If yes, please include a photocopy of your insurance card

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

IN CASE OF EMERGENCY, I understand that if I am incapacitated and after every effort is made to contact the listed emergency contact and they can't be reached, I hereby give permission to the physician, selected by the retreat director or nurse, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for myself, as named herein.

**HEALTH & ACCIDENT INSURANCE**

**Dalkena Community Church (DCC) carries Health & Accident Insurance for the period of your retreat...BUT**, DCC insurance is secondary to any family health/accident insurance. In other words, if you have family insurance and you require treatment at a local hospital, or hospitalization, your insurance would pay first; DCC insurance would cover what your insurance does not. If there is no family insurance, DCC insurance covers any medical cost resulting from accidental injury sustained while involved in any DCC activities.

**RELEASE AND ARBITRATION AGREEMENT**

IN CONSIDERATION OF the use of the camp facilities known as Pend Oreille Bible Camp, by myself, I, for myself forever waive, release and discharge PEND OREILLE BIBLE CAMP and DALKENA COMMUNITY CHURCH from any/all injuries, claims, disputes, liabilities, or actions resulting from the use of the camp, regardless of location, from April 27, 2018 through and including April 29, 2018. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Any controversy arising out of, connected to, or relating to this Release and Agreement between me and the above named parties, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims, shall be settled by arbitration through the Christian Conciliation Services: and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington.

I HAVE READ THE MEDICAL RELEASE, AND RELEASE AND ARBITRATION AGREEMENT CAREFULLY, AND UNDERSTAND IT. (Must be signed by all attendees)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date