

**Immanuel Hiking Retreat
Shenandoah National Park
Registration Form
May 10-12, 2019**

Name _____

Address _____

Phone _____

Emergency Contact _____

Daytime Phone _____

Cell Phone _____

Evening Phone _____

List any current allergies, illnesses, physical conditions, or medications (recognizing that this information will only be utilized in the event of an emergency- please monitor your own foods, etc along the trip) _____

I understand and acknowledge the risks of injury associated with participation in this hiking retreat. I understand that neither the trip organizers nor Immanuel Presbyterian Church will be responsible for theft or damage to personal property, nor for bodily illness or bodily injury. I accept personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip. Unless otherwise noted above, I certify that I am of normal health and I am physically able to participate in hiking activities and retreat activities. Any allergies, medications or special needs have been noted on this form, recognizing that this information will be utilized by trip leaders in case of emergency only.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

PAID? YES NO

AMOUNT PAID: _____