



**60+ Day - May 29, 2019**  
**10 AM - 3 PM and includes Lunch**

1724 W Main St  
Lake Geneva, WI 53147  
Phone: 262.248.3600  
www.covenantharbor.org

- Full payment is required at the time of registration and is non-refundable (unless you are on the waiting list).
- **Mail registration and payment by May 22<sup>nd</sup>.**
- Registrations are limited and space is filled on a first come, first served basis.
- Need overnight accommodations? Call us for rates and availability at: 262-248-3600.

**Participant Information: Please PRINT**

**Person One:** \_\_\_\_\_  
First Name Middle Initial Last Name

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

**Person Two:** \_\_\_\_\_  
First Name Middle Initial Last Name

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address (or write *same as above*) City State Zip Code

**Email addresses:** \_\_\_\_\_  
Person 1 Email Address Person 2 Email Address

**Attending as an individual(s)?** Name of the church you attend: \_\_\_\_\_

**Attending with a group?**  Name of group: \_\_\_\_\_ Please list name of the church you attend: \_\_\_\_\_

**Please list type of allergies for Person One** (Food, Drug, Environmental) : \_\_\_\_\_

If you have a food allergy:  Mild/preference/guest can self-manage  Moderate/guest can self-manage  Serious/life threatening

**Please list type of allergies for Person Two** (Food, Drug, Environmental) : \_\_\_\_\_

If you have a food allergy:  Mild/preference/guest can self-manage  Moderate/guest can self-manage  Serious/life threatening

**Mobility Issues?** Please describe: \_\_\_\_\_

**Emergency Contact Person One** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact Person Two** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Release and Waiver of Liability – Must be signed by each person listed above**

I hereby give my consent to have the above-named Participant(s) fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant(s) as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant(s) should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant(s). I agree to allow Covenant Harbor to transport Participant(s) as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

**Person One** Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Person Two** Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Payment** \$30.00 per person for 60+ Day (use additional forms for more than 2 people) \$30 x \_\_\_\_\_ = Payment Enclosed: \_\_\_\_\_

**Payment Method**  Check enclosed, payable to: **Covenant Harbor** or  Visa  MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (security code) \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Authorized Signature: X \_\_\_\_\_