

Men's Retreat

Registration and Acknowledgment of Risk Release and Waiver Form

Please print one form per person. Please fill out this form below and send with a check payable to:
Mountaintop Retreat 63451 Ida Road, Montrose, CO. 81401

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: Address: _____

For adults, you need to read and sign the following:

1. I agree to waive any and all rights and claims for damage that I or my spouse may have against Mountaintop Retreat and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the my child arising directly or indirectly out of the time at Mountaintop Retreat.
2. I further agree that, in the event that I, should make any claim against Mountaintop Retreat for damage, injury, or loss arising directly or indirectly out of being at Mountaintop Retreat, I will personally indemnify, defend and hold harmless Mountaintop Retreat and it agents, employees, and representatives against any and all such injury, damage, or loss.

I affirm that I have the right to authorize and agree to the forgoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature: _____ Date: _____

If you are a minor, your parent/guardian needs to read and sign the following:

1. I agree to waive any and all rights and claims for damage that I or my spouse may have against Mountaintop Retreat and its agents, employees, and representatives for any and all injury, damage, or loss sustained by my child arising directly or indirectly out of the time at Mountaintop Retreat.
2. I further agree that, in the event that I, my spouse, my child or another child in my care should make any claim against Mountaintop Retreat for damage, injury, or loss arising directly or indirectly out of being at Mountaintop Retreat, I will personally indemnify, defend and hold harmless Mountaintop Retreat and it agents, employees, and representatives against any and all such injury, damage, or loss.
3. I authorize Mountaintop Retreat or their representative to obtain any medical treatment for the participant that should appear to be necessary during your child's time at Mountaintop Retreat, and I will be responsible for the payment of expenses relating to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly place my signature below as evidence of my acceptance of all the conditions contained herein.

Print name of parent/Guardian: _____

Signature of parent/guardian: _____ Date: _____

Paid by check Number: _____ Amount: \$ _____ Paid by cash amount \$ _____

Official use only