

set apart girl weekend retreat

REGISTRATION FORM

Your Name:		
Mailing Address:		
Phone Number:		
Cell Phone Number:		
Email:		
Birthdate:		
Which weekend are you registering for? CIRCLE ONE	September 26-28	October 17-19
Do you have a roommate request:		
Have you been to any of our previous events:		
If so, which one & when:		

PAYMENT DETAILS

Registration Cost: \$495/person. This includes sessions, hotel and meals. Registration cost can be submitted in one or two payments. If you opt for two payments, \$247.50 is required upon registration, and the remaining \$247.50 will be due no later than August 1, 2008.

Payments are non refundable, however, if your weekend is full by the time we receive registration, a full refund will be given. We apologize that we cannot give group discounts or scholarships for these weekends. If you prefer to give us credit card information over the phone, please call Annie at (970)581-1058.

I've enclosed a check in the amount of:			
I'd like to pay by credit card the amount of:			
Type of card:			
Name on the card:			
Credit card number:			
Expiration Date:			
Security Code (CVC #):			

Make checks payable to: **WINSTON & BROOKS**

Please mail registration, payment, & medical release form (pg. 2) to:

SET APART LIFE

1231 Crescent Drive
Windsor, CO 80550

Set Apart Girl **Over-18** Medical Waiver

I, the undersigned, hereby agree as follows:

Your Name: _____

of any accident, sudden illness, or medical emergency involving myself in connection with the named event, I hereby authorize Eric Ludy, Leslie Ludy, Annie Wesche, Brent Cooper, Bobby Davis, Kendra Davis, or other employees of Set Apart Life Ministries to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician.

Event locations: Denver, Colorado; Windsor, Colorado; and it's surrounding areas

This authorization is limited to the following dates: September 26-29, 2008 and October 17-20, 2008

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to my medical history:

Allergies: _____

Medical Conditions: _____

Physical Impairments: _____

Medications being taken: _____

Other pertinent facts: _____

I, the undersigned ("Releasor"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Set Apart Life and its officers, directors, agents, affiliates, employees and assigns ("Releasees") from any and all damages, liability, causes of action or any other form of liability, past, present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to my presence or participation in the aforementioned Set Apart Life event and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with the

This release shall be binding on myself, my heirs, executors and legal representatives.

Executed Date: _____

Signature: _____

Set Apart Girl **Under-18** Medical Waiver

I, the undersigned, as the parent or guardian of:

Attendee's Name: _____

Hereby agree as follows:

of any accident, sudden illness, or medical emergency involving the attendee in connection with the named event, I hereby authorize Eric Ludy, Leslie Ludy, Annie Wesche, Brent Cooper, Bobby Davis, Kendra Davis, or other employees of Set Apart Life Ministries to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for my child (or trust), deemed to be necessary by a licensed physician.

Event locations: Denver, Colorado; Windsor, Colorado; and it's surrounding areas

This authorization is limited to the following dates: September 26-29, 2008 and October 17-20, 2008

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to my child's (or trust's) medical history:

Allergies: _____

Medical Conditions: _____

Physical Impairments: _____

Medications being taken: _____

Other pertinent facts: _____

I, the undersigned ("Releasor"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Set Apart Life and its officers, directors, agents, affiliates, employees and assigns ("Releasees") from any and all damages, liability, causes of action or any other form of liability, past, present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to my child's (or trust's) participation in the aforementioned Set Apart Life event and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with the respect to my child (or trust).

This release shall be binding on myself, my heirs, executors and legal representatives.

Executed Date: _____

Signature of Parent or Guardian: _____