

AGAPE RETREAT CANDIDATE APPLICATION

AGAPE RETREAT~ BOX 352 1 BRUSH HILL ROAD
NEW FAIRFIELD, CT. 06812

Name: _____ Age: _____ Birthdate: _____

Nickname or name you prefer to be called: _____ Sex: (circle one) Male Female

Address: _____ City: _____ State _____

Zip: _____ Phone: (_____) _____ E-Mail Address _____

Church you attend: _____ Sponsor: _____

On Facebook? (circle one) Yes No

MEDICAL INFORMATION

Medical Doctor's Name: _____ Phone Number: _____

Health Insurance Carrier and Policy Number: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Comments, if any (include dietary restrictions or special medical needs): _____

Agape Agreement

I understand that this is a drug and alcohol free weekend, and I will be removed from the weekend if I'm found to be in the possession of/or under the influence of drugs and /or alcohol. I also understand that I will be removed from the weekend for any inappropriate behavior:

***CANDIDATE SIGNATURE** _____

LIABILITY RELEASE

The undersigned does hereby release, forever discharge and agree to hold harmless AGAPE RETREAT from any and all liability claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the participant (if the participant is 18 years or younger, 18 years or older.) Furthermore the undersigned hereby assumes all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participants activities including recreation and work activities involved in the AGAPE RETREAT, whether foreseen or unforeseen. Further, authorization and permission is given to furnish all necessary transportation, food and lodging for the undersigned or participant (if the participant is 18 years or younger, 18 years or older.) The undersigned further hereby agrees to indemnify and hold AGAPE RETREAT and its respective members, directors, employees, officers and agents (Collectively the "indemnities"), harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorneys fees and expenses sustained by the indemnities as a result of neglect, willful or intentional acts of the undersigned and /or participant (if the participant is 18 years or younger, 18 years or older.) If the participant is under 18 years of age: we (I), the parents or legal guardians(s) of the participant do hereby grant permission for our child to participate fully in the AGAPE RETREAT and all its activities and hereby give permission to AGAPE RETREAT to take said participant to dentist, doctor or a hospital and hereby authorize medical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia and emergency surgery, and we fully and completely assume responsibility for all medical bills. Further, should it become necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we will assume all responsibility and transportation costs.

For youth under 18 years of age, both parents, custodial parent(s) or legal guardian(s) must sign. If participant is 18 years or over, the participant must sign his/her own form.

(Sorry, no refunds can be given after April 1st, 2020)

***Candidate Signature:** _____ **Date:** _____

FOR UNDER 18 YEARS OF AGE:

Mothers Name: _____ Address: _____ Phone: _____

Fathers Name: _____ Address: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

AGAPE RETREAT 33

APRIL 24-26, 2020

COST \$150.00

AGAPERETREAT.ORG