

# Encounter God's Presence 2018 Servant Leadership Retreat



Form for (circle one) student leader or adult. **Please include payment.**  
Our meeting space is limited, so register soon.

**Servant Leadership Retreat  
Jan. 26th & 27th, 2018**

Church name or w/ EGP: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Applicant's cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  male or  female Teen's fill out - Age: \_\_\_\_\_ B-date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names & Cell Phone #'s: \_\_\_\_\_

Parent's Names & Cell Phone #'s: \_\_\_\_\_

Registration fee paid to "Encounter God's Presence" or "E.G.P." **Catered Sat. lunch included.**

Registering as ...

- Youth pastor/group leader \$100 (& spouse is free), after Dec. 20th - \$110, \$20 late fee after Jan. 15th - \$130
- Your church can bring adults/ youth for \$45 each, after Dec. 20th - \$55, \$20 late fee after Jan. 15th - \$75
- Individuals on own not with a group pay \$55, after Dec. 20th - \$65, \$20 late fee after Jan. 15th - \$85

The retreat is at Capstone Church 4823 West Loop 820 South, Benbrook, TX 76126

For GPS you can put- 4600 Veteran's Parkway, Benbrook, TX 76126

Note: Remember to book a hotel room, do it directly with them. (Our website has links to nearby hotels.)

## CONSENT TO EMERGENCY NEEDS AND RELEASE OF LIABILITY

Form must be signed by each adult workers (18 or older) & legal guardian for youth (18 and younger) sign their own.

A. I do hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed while he/she/myself participates in the Encounter God's Presence retreat, including transportation to and from the retreat. This consent authorizes physicians, technicians, assistants, nurses, and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during any activity herein stated above, including anesthesia. I give my consent to allow retreat leaders to administer medication as they deem necessary for headache, stomach problems, or other minor medical issues that may arise during retreat.

B. My child/myself is participating in these activities with my full permission. I assume all risk of loss, damage, and liability my child/myself or personal belongings may sustain or incur while participating on this trip. I shall hold harmless Encounter God's Presence retreat, it's affiliate churches and their employees, representatives, and volunteers for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the retreat, it's directors, and employees there with of any such liability, and I agree to pay any such damages.

C. I recognize that this is a Christian retreat, that the Bible will be studied, and that retreat conduct will be expected to be consistent with Christian values. I agree that any photos/videos taken at retreat may be used for promotional materials. I give leadership permission to search backpacks and belongings if necessary. I understand anything illegal will be handled by the local authorities.

**I also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff members, not only for medical reasons but for disciplinary reasons as well.**

\_\_\_\_\_  
Signature of Parent/Guardian / Self (Adult worker 18 or older)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date