

**INTERVARSITY**  
INTERVARSITY CHRISTIAN FELLOWSHIP/USA

**Winter Retreat 2012**



## Joining God's Epic Story

Jesus is exciting. He has a story for you, and he wants you to be a part of his story in the world. Come explore the amazing, insane, life-changing story of God with friends from across Tri-Co.

6:00 pm Friday February 3 –  
10:00 pm Saturday February 4  
At the Blue Church, Springfield PA

**ONLY \$30**

if you register **and pay** by 1/27.

**\$5 extra** if you register less than 7 days ahead

*more details on facebook.*

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# Register now!

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

School: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Their #: \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent/Release** 1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release InterVarsity Christian Fellowship/USAR (hereafter InterVarsity), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse InterVarsity, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property. 2. I give permission to InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity. 3. I give permission to InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge InterVarsity, its Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent. 4. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion. 5. If I am under age 18, I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release. 6. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation, 1537 Avenue D, Suite 352, Billings, MT 59102. I certify that I am competent to sign this Release, and have done so voluntarily.

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

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