



Aliso Creek Inn Reservation Sheet

Name _____

Address _____

City, State & Zip _____

Home Phone Number _____ Cell Phone _____ Email _____

Email Address _____

Aliso Creek Inn Information and Reservation *May 4-6, 2012*

Friday night ___ Includes: Welcome Reception with Light Dinner Buffet, Breakfast and Lunch Buffets, Three Conference Sessions, Concert, Resort Fees, Taxes & Tips.

Saturday night ___ Includes: All items listed above, dinner on your own, Sunday Breakfast Buffet, fourth Conference Session and Worship Service with Communion. Conference ends at noon on Sunday.

- ___ Studio
- ___ One Bedroom
- ___ Two Bedroom

Price (per person) \$ _____ Deposit \$100 _____ Date Received _____

Balance Due: \$ _____ Final payment due 4/1/12

My Girlfriend's will be:



First
Congregational
Church

Consent & Release of Liability

I, _____ hereby acknowledge that it is my desire to participate in Girlfriend's Getaway Retreat, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me to participate in such activities, including the transportation to and from such activities, I hereby release and discharge First Congregational Church, its officers, employees, agents, volunteers, and members of the Board of Directors of First Congregational Church from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church officers, employees, agents, volunteers and Board of Directors, before or during my participation in such church sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks and sign it of my own free will.

This consent and Release From Liability shall remain in effect during the time period of May 4—May 6, 2012.

Executed this _____ day of _____, 2012

Signature _____

Print Name _____



First Congregational Church

Medical Information and Consent for Treatment
for Aliso Creek, May 4-6th, 2012

Name _____ Phone _____

Address _____

City, State and Zip _____

Emergency Notification

Contact #1 _____ Phone _____

Contact #2 _____ Phone _____

Physician Information

Primary Physician _____ Phone _____

Insurance Information _____ Birthdate _____

Please circle any that apply.

Allergies: **Asthma** **Hay Fever** **Insect Stings** **Drugs** _____

Other: _____

Are there any health concerns that we should be aware of? Please explain:

Do you have any activity restrictions or need any special assistance during your stay? Please explain:

Is there any other information you would like us to be aware of that will make our time away more enjoyable?

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse or dentist selected by the representative of First Congregational Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Signature

Date



First Congregational Church

Photo Release Form

May 4-6 2012

I hereby give my permission for First Congregational Church to use my likeness or image in print, video or on our Church Web site.

Signature _____ Date _____