

Retreat Trip Team Member Adult Application

(This form is required for each Missions team member including Group Leader)

Name of Organization/School: _____

Name of Group Leader: _____

Retreat Dates : _____

A \$49.00 USD Non-refundable Retreat Deposit per person MUST accompany your application. Deposits are credited to your Retreat Costs. Balance of funds Payment is due sixty days prior to start date of trip.

Cancellations prior to 90 days from trip date will not be refunded and will forfeit deposit payments. Please Note this as exceptions cannot be made. For this reason, please substitute a new member for those positions that cancel under 90 days from Retreat start date.

Make check payable to Epic Missions Inc and mail with this application to:

Mailing Address: EPIC Missions Inc 6025 12th Street Vero Beach, Florida 32966
772-618-5777 <http://www.floridachristianretreat.com>

Signature: _____

Name: Last _____ First _____ MI _____ Sex M / F _____

Today's Date _____ Home Phone (_____) _____

Cell Phone (_____) _____ Work Phone (_____) _____

Home Address Street : _____

City _____ State/Prov _____ Zip _____

Personal EMail _____

T-shirt size: S M L XL XXL XXXL _____ Age _____ Marital Status: M S W D _____

Are there any dietary restrictions we should be aware of (i.e.allergies)

Epic Missions Inc Release Of Liability Form

(This form is required for each Missions Trip / Retreat team member including Team Leader)

I, _____ the undersigned participant on a Retreat with Epic Missions, Inc.
(participant name)

Agree to hold **Epic Missions Inc** harmless; Its officers, employees, or other agents not liable for any injury, loss, damage, arising out of activities associated with such event or by oversight or negligence willful or un willful on the part of Epic Missions or its' employees, staff or officers that might be encountered while participating in a Missions Trip or retreat coordinated by Epic Missions Inc. and while staying overnight or participating at any Epic Missions Inc property or location. I realize and acknowledge that my participation on a mission trip or any other activities sponsored by Epic Missions Inc in the United States or any foreign country includes many risks and possible dangers. I am well aware that travel in the United States and foreign countries exposes me to such risks as disease, war, political unrest, injury from construction projects, and other calamities anticipated or unanticipated.

I hereby assume any such risks that might result from travel in the United States or any foreign country, and I unconditionally agree to hold Epic Missions Inc, its officers, employees, or other agents blameless/harmless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a Retreat trip.

I have carefully read the foregoing and I understand that my signature herein holds Epic Missions Inc, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay, or irregularity in schedule. Participant grants permission for any photographs and/ or video tape taken while on retreat to be used by Epic Missions Inc for promotional purposes. You also represent that your team leader will have access while on the retreat to all necessary medical information and treatment authorizations for you.

Signed _____
(Participant)

and dated this _____ day of (Date) _____, 20_____.

Signed _____
(Participant)

and dated this _____ day of (Date) _____, 20_____.

Addl. Adult Witness Signature (aged 21 years or older)

Printed Name of Witness

Birthdate of Witness

_____/_____/_____
Date Signed

This form is valid for one (1) year from date signed