

Retreat Trip Team Member Minor Application

Name of Organization: _____

Name of Group Leader: _____

Trip 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 of participant: _____

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

Today's Date _____ Your Home Phone (_____) _____

Your Cell Phone (_____) _____ Parents Cell Phone (_____) _____

Home Address Street : _____

City _____ State/Prov _____ Zip _____

Personal EMail _____ Age _____

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

Epic Missions Inc Release Of Liability Form for Minors

We, the undersigned parent/guardian and/ for participant _____, hereby
(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 willful or non willful negligence on the part of Epic Missions or its' employees, staff or officers that might be encountered while participating in a retreat coordinated by Epic Missions Inc. and while staying overnight or participating at any Epic Missions Inc property or location.

I/We realize and acknowledge that my (or son/daughter's) participation on a retreat or any other activities hosted by Epic Missions Inc in the United States or any foreign country includes many risks and possible dangers. I/We are well aware that travel in the United States and foreign countries exposes me (or my son/daughter) to such risks as disease, war, political unrest, injury from construction projects, and other calamities.

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

I/We have carefully read the foregoing and I/We understand that my/our 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.

Signed _____
(Parent/Legal Guardian if applicant under 18)

_____ day of (Date) _____, 20_____.

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

Rev June 2016