



## 2014 Silent Retreat

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
[www.cpbc.com](http://www.cpbc.com) [cpbc@cpbc.com](mailto:cpbc@cpbc.com)

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**September 19-21, 2014**  
4 pm Friday- Lunch Sunday

Come away for a weekend of simply being present with God and listening for His Voice. Our speaker, Terry Cathcart, is a seasoned silent retreat leader, having been involved in retreat ministry for 40 years and will be sharing from John 10:3-4.

### Packing List

- Bible
- Journal
- Sleeping Bag
- Warm clothes
- Toiletries
- Swimsuit
- Towel
- Walking shoes

### Payment Information

Registration Fee: \$125  
Early Bird Discount: \$115  
if registered/paid before 8/1/14

Make checks payable to  
**Covenant Point Bible Camp**

Mail/Fax registrations to CPBC  
906.265.5123  
358 W. Hagerman Lake Rd.  
Iron River, MI 49935





## 2014 Silent Retreat Medical Release Form

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Camper's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

**Dietary Restrictions:**

Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction and permission to share allergy-related information with appropriate staff.

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I hereby give my consent to fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents, or representatives, may be held liable in any way for any injury, harm, damage, or death which may occur to me as a result of participation in these activities and hereby release, save, and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary should I require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for any medical, dental, or hospital care or treatment. I agree to allow Covenant Point to transport myself as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use my photo, films, digital images, videotapes, and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_