

# 2015 Summer Venture Out Women's Backpack Trip

August 3 - 6, 2015



**Covenant Point Bible Camp**  
358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
www.cpbcc.com | cpbc@cpbc.com

Please complete this form, and mail it with a \$75  
non-refundable deposit or fax it to camp.

Please make check payable to  
Covenant Point Bible Camp.

When faxing this form, payment by credit card must be in full.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ City/State/Zip \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ ☐ **Dietary Restrictions** - Must provide written explanation with registration form, including treatment plan in the event of a reaction, and permission to share allergy related information with appropriate staff.

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

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

Check enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Make check payable to Covenant Point Bible Camp.

☐ Visa ☐ Mastercard

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_

Credit card payments must be for full camp fee.

Calculate your Cost:

Trip Fee:	\$290.00
Deposit Due: \$75.00	
Balance Due:	

Signature \_\_\_\_\_

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 my 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, video, and sound recordings in future promotional materials.

Signature \_\_\_\_\_

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