Covenant Point Bible Camp

358 W. Hagerman Lake Rd. Iron River, MI 49935 Phone: 906.265.2117 Fax: 906.265.5123 www.cpbc.com, registrar@cpbc.com





Silent Directed Retreat: (2 or 4-night options available)

2-Night Option A: 4:00 PM Friday, Sept 23 – 1:00 PM Sunday, Sept 25 2-Night Option B: 4:00 PM Sunday, Sept 25 – 1:00 PM Tuesday, Sept 27

4-Night Option: 4:00 PM Friday, Sept 23 – 1:00 PM Tuesday, Sept 27

Enjoy a guided retreat of silence, spiritual renewal, rest, and listening to the voice of God. Our guest speaker and facilitator is Rev. Terry Cathcart, a seasoned pastor, spiritual director, and silent retreat leader. He has been involved in retreat ministry for over 40 years. He'll be accompanied by worship leader Rob Engelhart, as well as a team of spiritual directors with whom participants may meet during the weekend. More details, including this year's theme, are available at www.cpbc.com/silent-retreat.

Check-in for begins at 4:00 PM on Friday, with our first gathering at 5:30 PM.

Payment Information 2-Night Options: \$140 4-Night Option: \$240 (to join the 4-night option register for both option A & B)

<u>To Register:</u> Mail, email, or fax registration and payment to: Covenant Point Bible Camp 358 W. Hagerman Lake Rd. Iron River, MI 49935 Fax: 906.265.5123 registrar@cpbc.com Packing List Bedding, towel, and toiletries Clothing for all weather Walking shoes Swimsuit for sauna (if interested) Bible, notebook and pen

Register online at: www.cpbc.com/silent-retreat

-or-

2022 Silent Directed Retreat Registration Form

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Last Name:	First Name:	
Address:		City/State/Zip:
Home Phone: Day	phone:	Cell phone:
Email:		Gender: <u>M / F</u>
How did you hear about Covenant Point?		
Church Name:	Church City/Sta	ate:
Insurance Company:		Policy #:
Emergency Contact Name and Phone #:		
Payment / Dates:		
2-Night Option A, Sept 23-25: \$140	· · ·	A \$25 processing fee will be kept in the case of any cancellation one
2-Night Option B, Sept 25-27: \$140	week (7 days) or more from the start of the retreat. In the case of a cancellation less than one week from the start of the retreat, no	
4-Night Option (Sept 23-27): \$240	payments will be refunded. Any cancellations related to COVID-19 wil refunded in full.	
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.

be

General Release and Waiver of Liability

I hereby give my consent to have the above-named Participant 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 the above 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 for the Participant solube to the Participant. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

COVID-19 Release, Waiver of Liability, and Screening Compliance

Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. Covenant Point cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Covenant Point's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Covenant Point's services and/or enter onto Covenant Point's premises you may be exposing yourself and your child(ren) to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to utilize Covenant Point's services and enter Covenant Point's premises. These services are of such value to me and to my child(ren), that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Covenant Point's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Covenant Point and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Covenant Point's services and premises. I understand that this waiver means I give up my right to bring any claims, including personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

COVID-19 SYMPTOM & EXPOSURE SCREENING: If participant experiences any COVID-19 symptoms in the 10-days leading up to arrival at CPBC, or is exposed to a confirmed or suspected case of COVID-19, I agree to contact Covenant Point at (906) 265-2117 for guidance on how to proceed. I know that a positive case, exposure, or symptoms of COVID-19 may make participant(s) ineligible to come to camp program, or may require testing prior to coming to camp.

Participant Signature / Legal Guardian (if minor):

Printed	Name:
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Date: