

**Young Women's Retreat – Registration Form**  
**September 9, 2018**  
**Paradise Ranch & Retreat**

**Please complete registration form & Authorization and Medical Release Form.**

**Make \$25 check or money order PAYABLE to KY-TN CONFERENCE OF SDA – mail to:**

**Kentucky-Tennessee Conference of SDA**  
**Women's Ministries Department**  
**P.O. Box 1088, Goodlettsville, TN, 37070**

Registration Fee - \$25.00/per person

Retreat Attendee's Name (please print)

\_\_\_\_\_

Grade as of August \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home/cell phone \_\_\_\_\_

Parents' name & phone number \_\_\_\_\_

Church you attend (if applicable) \_\_\_\_\_ City \_\_\_\_\_

Group you're attending retreat with, if applicable \_\_\_\_\_

First Young Women's Retreat? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church or School Group: \_\_\_\_\_

OR Specific Person (include their group name or where they're from): \_\_\_\_\_

Which do you prefer: Riding Horses \_\_\_\_\_ Jeeping \_\_\_\_\_

*Registration* - 9:00pm

*Program* – 9:30-5:00pm

**Questions: call Crista Crittenden | (931) 588-1621**

**Paradise Ranch & Retreat address: 2701 Bedwell Rd Springfield, Tn 37172**

## KY-TN Conference of SDA Young Women's Retreat

### Authorization and Medical Release Form

**Retreat Attendee's Name:** \_\_\_\_\_ (Please Print)

Emergency Authorization: In case of emergency, I hereby give permission to the physician selected by the camp directors and/or retreat staff to hospitalize, secure proper treatment for, and to order the injection, x-ray, anesthesia or surgery for my child. I also give permission to the camp caregiver and/or retreat staff to administer over the counter drugs to my child as necessary.

Health Statement: Please list any special health needs that Indian Creek Camp staff and/or retreat staff need to be aware of, or if there's anything else you'd like the camp personnel and/or retreat staff to know.

\_\_\_\_\_

\_\_\_\_\_

The attendee agrees to bring any and all necessary medications such as inhalers, epinephrine shots, etc., to the retreat for use under the supervision of the retreat nurse.

The health statement is correct so far as I know. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photo copied for use out of the camp).

As parent or legal guardian of the retreat attendee, I am in favor of her attending Young Women's Retreat at Indian Creek Camp, participating in all activities unless otherwise specified and accept the conditions named. I hereby release the KY-TN Conference of Seventh-day Adventist Association, Women's Ministry Department, Indian Creek Camp and its employees and retreat staff from liability in case of accident or illness. I support the policies of Indian Creek Camp and the attendee agrees to abide by these policies. I also give permission to Indian Creek Camp and KY-TN Conference of Seventh-day Adventist Association, Women's Ministry Department, to use slides, photographs or video taken of the applicant during this weekend retreat for the purpose of advertisement or as otherwise needed.

I authorize the school or church representative or other chaperone here listed to transport my child to and from the retreat. If no name is listed below, it is understood that the parent or legal guardian will transport the attendee.

**Name of person to transport my child: IMPORTANT INFORMATION – PLEASE COMPLETE**

\_\_\_\_\_

**Form will not be processed without the following signatures and parent/guardian phone number:**

**As the attendee, I agree to abide by all camp regulations and policies, per the above stated, and to uphold its objective.**

**Retreat Attendee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

## PARADISE RANCH RELEASE OF LIABILITY

I acknowledge that there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability. I assume all risks in connection therewith, and expressly waive any claims for any injury or loss arising therefrom.

I agree to abide by and follow Paradise Ranch's rules and regulations which shall be posted and/or available from time to time. I understand that I am required to wear a helmet at all times that I am riding a horse. I further acknowledge that the behavior of any animal is contingent to some extent upon my ability.

I assume all risks therefore and warrant a full and fair disclosure of my horseback riding abilities has been made to Paradise Ranch. I expressly release Paradise Ranch, its instructors, employees, volunteers and agents as well as Brent and Sharolyn Snyder from any and all claims for personal injury, property damage or death even if caused by negligence.

### WARNING

**Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.**

I AGREE TO HOLD HARMLESS, INDEMNIFY AND DEFEND PARADISE RANCH, ITS INSTRUCTORS, EMPLOYEES, VOLUNTEERS OR AGENTS AS WELL AS BRENT AND SHAROLYN SNYDER AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH MY USE OF ANY EQUIPMENT, HORSES OR PRESENCE UPON THE PROPERTY OF BRENT AND SHAROLYN SNYDER AND THE FACILITIES LOCATED THEREON. In the event User is a minor, this release shall apply for any such claims by said minor child.

This agreement shall apply to today and all future dates that I am participating with activities at Paradise Ranch or on the property of Brent and Sharolyn Snyder. This agreement shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives. **I have carefully read this agreement and fully understand its contents.**

Name of Participant (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant (Parent or Guardian if Minor): \_\_\_\_\_

Name of Parent or Guardian if Participant is a Minor: \_\_\_\_\_