

# Father Son Retreat Form

## Personal Information

First Name		
Last Name		
Address		
City	State	Zip
Primary Phone		
Email		
Church Name		
City and State		

## Retreat Cost

Retreat Cost	\$90
Early Bird (register by May 15)	-\$5
Linens	\$12
First Son	(included)
Additional Son(s)	\$25
Extra Night Lodging (optional)**	\$10
<b>**Breakfast is available Friday with the purchase of a meal ticket.</b>	
Event Total:	\$
Amount Paid:	\$
Balance Due:	\$

## Consent Form

I will not hold or attempt to hold Independent Fundamental Baptist Fellowship and Camp CoBeAc liable for any loss, damage, or injury to person or property caused by an act or neglect of other persons, caused in any manner other than the willful or negligent act of Independent Fundamental Baptist Fellowship and Camp CoBeAc, its agents and employees, and will indemnify and hold the Independent Fundamental Baptist Fellowship and Camp CoBeAc harmless from any liability for damages or claims against the Independent Fundamental Baptist Fellowship and Camp CoBeAc arising out of or in any way related to any such loss, damage, or injury. I release the Independent Fundamental Baptist Fellowship and Camp CoBeAc, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I/We hereby give permission to the medical personnel selected by the Independent Fundamental Baptist Fellowship and Camp CoBeAc to secure administer treatment and to maintain and/or release any medical records necessary for insurance purposes. The Independent Fundamental Baptist Fellowship and Camp CoBeAc does not provide secondary insurance. I understand that I will be expected to pay any medical expenses through my medical insurance company and guarantee payment for services not paid by insurance. I understand that I must sign this form in order to attend Camp CoBeAc.

## Form of Payment

Check #	Cash
Name on card	
Card #	Exp /

Registration forms can be submitted by:

**Fax:** 989.366.4311  
**Email:** registration@cobeac.org  
**Mail:** 4925 S. Reserve Rd.  
 Prudenville, MI 48651

If you have any questions regarding food allergies or health concerns, please call us at 989-366-5162.

Signature \_\_\_\_\_

Date \_\_\_\_\_