**Spiritual Life Retreat 2015**

**permission and covenant form**

Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade (for students)\_\_\_\_\_\_\_\_\_\_\_\_\_

To Be Signed by Parent/Guardian of above or, in case above is an adult, then that adult -

I give permission for my child/myself to attend the Spiritual Life Retreat 2015 at Glisson Camp

and Retreat Center and all the activities that it involves. I also authorize the representatives of

the North GA conference and the church listed above to seek medical treatment for my child or

for me should it be necessary. I agree to be solely responsible for the total costs of all medical

care. I release the representatives of the North GA Conference from any and all liability in

connection with my child’s participation or my participation in the retreat activities. I agree to

come and pick up my child if my child fails to follow the covenant and rules of the camp. I also

allow pictures to be taken of myself or my child for the purpose of publicity.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT COVENANT (To be signed by participant) -

Along with the leaders and youth, I agree to act in a Christian manner. I promise to respect God,

respect myself, respect other people, and respect property. I agree to participate in all the

activities at Spiritual Life Retreat 2015. By signing this covenant, I understand that I might be

sent home if I do any of the following activities: possess illegal drugs, non-prescribed

medication, alcohol or tobacco products, a weapon, or fireworks, disrespect authority, or take

part in any other activity or action that leaders deem as inappropriate. I promise to strive to

make this retreat and each activity the best it can be!

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be signed and returned to your group leader. Group leader must turn in all

covenant forms upon arrival at retreat.