

June 10-15, 2018 Isle Royale Ntnl' Pk Backpacking Retreat

COST | Register by May 1: \$685 | \$300 deposit due upon registration

EB?	Office use:	
	PD	DATE

Thank you in advance for your assistance:

- Please return (via mail or an emailed scan) the following five (5) pages to secure your registration.
- Please enclose a check made out to **Into the Deep** or make a credit card payment online for the full amount.
- **Deposit is non-refundable after deadline; refund of remaining fee only in case of emergency.**
- Please provide a copy of your medical insurance card.
- Please provide thorough information and *keep a copy for your records*.
- Please return Participant Registration Packet to:

INTO THE DEEP
 2817 ANTHONY LANE S, #108
 MINNEAPOLIS, MN 55418

GENERAL PARTICIPANT INFORMATION

Circle One: _____ At time of retreat: _____

Name: _____ Male | Female D.O.B. _____ Age: _____

Church: _____ Student? School: _____

Email: (Parent) _____ Primary Adult's Phone: _____

Street Address: _____

City, State, Zip Code: _____

<p>Experience with CAMPING:</p> <input type="checkbox"/> Have never slept in a tent <input type="checkbox"/> Have camped in my back yard <input type="checkbox"/> Have "car camped" (car very close, RV, etc.) <input type="checkbox"/> Have camped in back-country area <input type="checkbox"/> Have camped a week or more at a time	<p>Experience level with HIKING:</p> <input type="checkbox"/> Have hiked short, easy distances only <input type="checkbox"/> Have hiked rough trails a few times <input type="checkbox"/> Have hiked rough trails many times <input type="checkbox"/> Have hiked a variety of trails since young <input type="checkbox"/> Have hiked with a heavy backpack	<p>Experience with SWIMMING:</p> <input type="checkbox"/> I cannot swim <input type="checkbox"/> I took beginner lessons <input type="checkbox"/> I completed a couple levels of lessons <input type="checkbox"/> I completed advanced lessons <input type="checkbox"/> I am a certified lifeguard <p><input type="checkbox"/> I need a SLEEPING PAD (\$10)</p>
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What type of work are you currently involved in or aspiring toward?

What hobbies or church/school/community activities are you involved in? / What are your favorite movies/music?

What do you look forward to doing with I.D. Retreats?

To best serve your needs, we would like to know if you have any worries about your retreat experience.
 (for example, are you nervous about being in the woods, camping, getting to know a new group of people, etc.)

I.D. Retreats Registration and Authorization Forms

ADULT: 18+

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PARTICIPANT MEDICAL INFORMATION

Participation in an **I.D. Retreat** requires the activity level of a person in good health. There will be a considerable amount of hiking over variable degrees of terrain and small gear packs will be carried, which may aggravate certain health conditions. You may use an additional piece of paper if necessary to offer more information.

PARTICIPANT INFORMATION

Participant Name _____

General Fitness Level (Circle One): 1 2 3 4 5 (1 = inactive / poor fitness, 5 = very active / fit)

Height: _____ Weight: _____

Primary Physician's Name _____ Primary Physician's Phone Number _____

Health Insurance Company _____ Policy Number _____

Name of Policy Holder _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:

Name _____ Relationship _____

Phone (circle best): **Home** _____ **Work** _____ **Cell** _____

Home Street Address _____

City, State, Zip Code _____

Work Street Address _____

City State Zip Code _____

Emergency Contact #2:

Name _____ Relationship _____

Phone (circle best): **Home** _____ **Work** _____ **Cell** _____

Home Street Address _____

City, State, Zip Code _____

Work Street Address _____

City State Zip Code _____

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HEALTH INFORMATION

*Indicate the date of your last tetanus shot: _____

Are you currently seeing a doctor? If so, please state the reason.

Please list any physical conditions that may limit your ability to participate in activities.

Please list any surgeries or major health problems you have experienced in the past 10 years:

Please list any medications or foods you are allergic to:

Do you have any special dietary needs? If so, please explain.

Into the Deep does its best to tailor the menu to your needs, but it can be of great help to pack some of your favorite substitution foods like protein bars, cookies, dairy free cheese, etc. *Please discuss the menu and all personal food items with us in advance as well as at check-in for proper storage* (we will have coolers, etc.; never bring food into a tent or leave in a personal backpack).

Please circle if you have ever suffered from any of the following. Please explain all that are circled.

Asthma: _____

Needs an inhaler? _____

Allergic to Insect Bites/Stings: _____

Carries an EpiPen? _____

Epilepsy: _____

HIV/AIDS: _____

Hypothermia: _____

Frostbite: _____

High Blood Pressure: _____

AMS-(Altitude Sickness): _____

Back Problems: _____

Recent Injuries: _____

Diabetes: (treated with diet or insulin?) _____

Heart Problems: _____

Do you have a medical condition, injury or illness not listed above? _____

**I.D. Retreats Registration and Authorization Forms
 CONSENT AND RELEASE**
ADULT: 18+**Page 4 of 4**

In consideration of your participation in an **I.D. Retreat** (hosted by **Into the Deep**) and the services provided to you by **Into the Deep** staff and volunteers, *please initial the following*:

I certify that the information above is current, accurate and complete to the best of my knowledge and that **Into the Deep** may use the above information to represent my medical needs to a doctor in the event of an emergency.

I acknowledge that **I.D. Retreat** activities may be rigorous and may be in areas that are remote (please consult retreat information or contact **Into the Deep** for particular details on each retreat). I understand that there are inherent physical risks involved with outdoor activities, participants who are more or less experienced, interactions with animals, plants or insects, forces of nature/weather, and limited access to medical help or rescue services.

In the event of a medical emergency or an incident requiring medical attention (as reasonably determined by **Into the Deep** staff, medically trained volunteers, or a medical services provider), I hereby consent to the administration of first aid, the transfer of myself to a medical facility, and/or the administration of emergency treatment deemed necessary or proper by such facility.

I understand that, in the event of an emergency, **Into the Deep** will make every reasonable effort to contact someone at the telephone number(s) listed above but that the location of retreat activities may inhibit our ability to make phone calls.

I understand that I am responsible for insurance coverage and medical expenses incurred during the provision of services by **Into the Deep**. Information relating to this coverage is included above, and I agree to provide a copy of the insurance card giving evidence of this coverage.

I understand that I must assume all responsibility and transportation costs should it be necessary for me to return home due to medical reasons, inappropriate/illegal behavior, or otherwise.

I understand that participants will be transported by a person aged 21 years or older in a rented passenger van (*up to* 12 passengers, the equivalent of a 15 passenger van with back seat removed to make room for cargo). Drivers will have had driver background checks performed.

I acknowledge and agree that **Into the Deep** is not responsible for lost, stolen, or damaged personal possessions.

(*optional*) I grant permission for my photograph or video to be taken while participating in retreat activities and for my image to be used to promote **Into the Deep** and **I.D. Retreats**. Publicity pieces include (but are not limited to) news releases, newspaper and journal articles, or promotional articles and videos, whether in printed form or posted on a related website. I also give **Into the Deep** permission to use my first name and state of residence in connection with the use of any such image.

SIGNATURE

I hereby release, absolve, indemnify, and agree to hold harmless **Into the Deep**, its agents, employees, officers, board members, leaders, volunteers, organizers, cooperating priests, sponsors, partner organizations, or organizations who provide services to the retreats. Neither **Into the Deep**, nor any of the said persons shall be held responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

- I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.
- Your signature below certifies that the initialed spaces above are a true representation of your understanding of this retreat and its conditions.
- Your signature also gives your medical consent and release to **Into the Deep**, as stated above.

Signature of Participant: _____

Print Name: _____ Date: _____