

August 2-7, 2021 Glacier National Park Adult Backpacking Retreat

COST | Early Bird Registration by May 1: \$795 | After May 1 (register by June 1): \$825

\$350 deposit due upon registration; please inquire about making smaller incremental payments.

Thank you in advance for your assistance:

- Please return (via mail or an emailed scan) the following four (4) pages to secure your registration.
- Please enclose a check made out to **Into the Deep** or make a credit card payment online.
- **Deposit is non-refundable after June 1; 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:
(or email to register@idretreats.org)

INTO THE DEEP

2817 ANTHONY LANE S, #108
MINNEAPOLIS, MN 55418

Office use:

Earlybird ☐

PD _____ DATE _____

\$ _____

PD _____ DATE _____

\$ _____

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: _____

Experience with CAMPING:

Have never slept in a tent
Have camped in my back yard
Have "car camped" (car very close, RV, etc.)
Have camped in back-country area
Have camped a week or more at a time

Experience level with HIKING:

Have hiked short, easy distances only
Have hiked rough trails a few times
Have hiked rough trails many times
Have hiked a variety of trails since young
Have hiked with a heavy backpack

Experience with SWIMMING:

I cannot swim
I took beginner lessons
I completed a couple levels of lessons
I completed advanced lessons
I am a certified lifeguard

I have my own (circle): 65 Liter Pack stuffable Sleeping Bag compact Sleeping Pad Compression Sacks Bear Spray

What are you studying or what type of work do you do? / What hobbies or activities are you involved in?

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 mountains, animals, getting to know a new group of people, etc.)

I.D. Retreats Registration and Authorization Forms**ADULT: 18+****Page 2 of 4****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 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 _____

Place/ Hours of Work: _____**Emergency Contact #2:**

Name _____ Relationship _____

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

City, State, Zip Code _____

Place/ Hours of Work: _____

I.D. Retreats Registration and Authorization Forms**ADULT: 18+****Page 3 of 4****HEALTH INFORMATION***Note that this information will be kept confidential and will only be shared if you are incapable of communicating and are in need of medical care.*

Indicate the date of your last tetanus shot: _____

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

Please list any medications you are currently taking by name and dosage:

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/sensitive 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 due to the unknown of Italian grocery stores, it may be helpful to pack some of your favorite substitution foods like protein bars, allergen free treats, etc.

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 12 or 15 passenger van. 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: _____