



BYRON BIBLE CAMP

Adult Retreats - Paper Registration Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Alternate Phone Number: _____

E-mail: _____

*Email is required for receiving confirmations about your registration, the packing list, and check-in information.

Date of Birth: _____

Gender: Male Female

Camp or retreat you are registering for: _____

Do you have any food allergies we can accommodate for? _____

Will you be sleeping at camp or at home? At Camp At Home

If you are sleeping at camp and would like to be in a cabin room with others who are attending the retreat, list their names here: _____

Church Name and City: _____

Waiver for Adults Attending a Byron Bible Camp Event

I _____ (print your name) hereby agree to the following agreement, waiver and release:

AGREEMENT, WAIVER AND RELEASE - In consideration of being permitted by Byron Bible Camp to participate in activities at Byron Bible Camp facilities and off site programs, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities or other location. This release is intended to discharge in advance Byron Bible Camp, its officers, employees, board members, directors, counselors, volunteers and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other Byron Bible Camp facility or location even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify (protect) and to hold harmless, Byron Bible Camp, its officers, employees, board members, directors, counselors, volunteers and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Byron Bible Camp facility or location.

Signature _____ Today's Date: _____

Total Registration fee: \$ _____

Scholarships receiving (if any): \$ _____ From: _____

Scholarship Code: _____

Donation: \$ _____

Total Amount: \$ _____

Paid with Check \$ _____ Check # _____

Paid with Cash \$ _____

Paid with Credit Card \$ _____

Please mail or deliver this registration form to:

Byron Bible Camp
40546 S. Shore Rd.
Huron, SD 57350