

Lake Arrowhead Retreats, Inc. Guest Registration

Retreat Date: _____ Quilting _____ Scrapbooking _____ Other _____
Name: _____ Email: _____
Phone: _____ Mobile Phone: _____
Address: _____ City: _____ State: _____
Others in your group (if applicable): _____

The cost of the retreat is \$325 per person. A \$75 deposit is due within 14 days of reservation. Full payment is due 3 months prior to your retreat. Refunds will be issued upon cancellation within 3 months of your retreat if your space can be filled. Please make checks payable to Lake Arrowhead Retreats, Inc. and mail to the address below. Please keep a copy of this form for your records.

Do you have any food allergies? Yes No If so, which foods? _____

List foods you can't or prefer not to eat: _____

Do you have any serious health problems or allergies? If so, describe: _____

Emergency contact name: _____ Relationship: _____

Address: _____ Phone #(s): _____

Health Insurance Provider: _____ Policy #: _____

The health information is correct to the best of my knowledge.

Signature: _____ Date: _____

Authorization for Medical Treatment

In the event of an emergency, I hereby authorize the medical personnel selected by Lake Arrowhead Retreats, Inc. to order xrays, routine tests, emergency treatment and to release any records necessary for medical or insurance purposes and to provide or arrange as necessary related transportation for me in the event that my emergency contact is unreachable and I am unable to do so myself. I hereby authorize Lake Arrowhead Retreats, Inc. to secure appropriate medical treatment for me, including hospitalization, in the event my emergency contact is unreachable and I am unable to do so myself. This authorization shall remain in effect until and including the last day of my retreat.

Signature: _____ Date: _____

Liability Release and Expulsion

I hereby release and hold harmless Lake Arrowhead Retreats, Inc. and its officers, shareholders and employees from and against all claims, expenses, damages, and liabilities resulting from personal injury to me or resulting from the loss or damage to my personal property from all causes except gross negligence of Lake Arrowhead Retreats, Inc. **Initial:** _____

I have been advised by Lake Arrowhead Retreats to leave all valuables at home: **Initial:** _____

Lake Arrowhead Retreats, Inc. reserves the right to expel anyone from the premises for inappropriate behavior or the intent to do harm to others. Anyone requested to leave will not be refunded any portion of the fees: **Initial:** _____

I consent to the use of photos and/or videos in which I may appear or quotes I make regarding the retreat to be used in the publicity and marketing of Lake Arrowhead Retreats, Inc. **Initial:** _____

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