

# Lake Arrowhead Retreats, Inc. Guest Registration

Retreat Date: \_\_\_\_\_ Quilting \_\_\_\_\_ Scrapbooking \_\_\_\_\_ Other \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Birthday (Month/Day): \_\_\_\_\_  
Others in your group (if applicable): \_\_\_\_\_

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 with this form to the address below. If you prefer, the form may be mailed and deposit may be made through [paypal.com](http://paypal.com) using the link from our website at [www.lakearrowheadretreats.com](http://www.lakearrowheadretreats.com). 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 x-rays, 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 this retreat and during any future retreats I may attend.

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: \_\_\_\_\_

Lake Arrowhead Retreats, Inc.

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