

2010 Rock Ridge Couples Weekend

June 25-27, 2010

REGISTRATION FORM

Husband's Last Name _____ First Name _____ Wife's name _____

Address _____ City _____ State _____ Zip _____

Email address: _____ (for confirmation purposes)

Phone _____ Church you attend, and city _____

Please house us with or near _____

Note: We will do our best to accommodate housing requests. Housing assignments are made to maximize experience and usage of space. Housing is at the discretion of the Registrar.

Cost: \$180 per couple

Full payment is due with registration. Cancellations made on or before June 4, 2010 will be refunded all but \$25.00 per person. No refund for cancellations made after that date.

Indicate Payment Here *(check is preferred by camp!!)*

Check # _____ Enclosed for \$ _____

Charge Amount to charge \$ _____ Visa MasterCard Discover

Card # _____ Exp Date ____/____ Security Code _____

Signature _____

Name and address of cardholder, if different than above: _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Rock Ridge Camp and Outfitters programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Rock Ridge Camp and Outfitters (including but not limited to rock climbing, hiking, swimming, water activities, low ropes course elements, riflery, canoeing, sauna, archery) entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Rock Ridge Camp and Outfitters, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Rock Ridge Camp and Outfitters staff to secure medical treatment for myself, or my family if necessary. I am aware that photos/videos may be taken at camp, and further authorize the camp to use these for Rock Ridge Camp and Outfitters promotional purposes. At no time will camp photos/videos be used by unrelated organizations.

(Signature)

(Date)

Please complete form and mail or fax with FULL payment to:

Camp Shamineau PO Box 244 Motley, MN 56466 Phone: 218-575-2240 Fax: 218-575-2371