



501 East Bayshore Drive
St. George Island, FL 32328

REGISTRATION FORM, WAIVER OF LIABILITY AND MEDICAL RELEASE

I, _____, as a guest/parent of minor and user of the facilities, hereby release and hold harmless St. George Island Christian Retreat, First Baptist Church of St. George Island and/or their staff, management, faculty, volunteers, officers, or any other associated with the St. George Island Christian Retreat, for any accident or injury incurred by me, while on the said premises, or an activity associated with a retreat program at these facilities.

I agree to comply with all of the rules and requirements of the retreat facility, both verbal and written, and to conduct myself, at all times, in a Christian manner. There will be no alcohol or tobacco product use permitted upon the grounds of the retreat.

I understand that First Baptist Church of St. George Island and the SGI Christian Retreat and their staff, management, faculty, volunteers, officers, agents, or others associated with the named entities, shall not be held responsible for any lost or stolen personal property while on campus, or while involved in retreat activities.

In the event of a medical emergency, or any required medical treatment, I hereby consent to treatment being rendered to me, by first responding staff, emergency management personnel, clinic or hospital personnel if I am unable to grant permission.

I agree to take financial responsibility for any damages I incur to SGICR property during my stay (including, but not limited to: service calls and repairs).

While on the property at the St. George Island Christian Retreat, I agree to the use of any photographs, or representations of me by the St. George Island Christian Retreat and its affiliates.

On this _____ day of _____, 20_____

Signature of Guest or Parent, if minor

Printed name of Guest or Parent, if minor