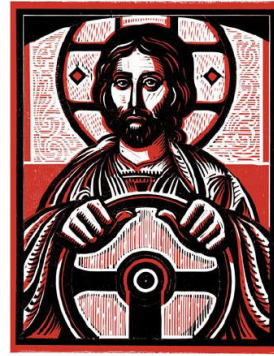


GENESIS 2009

**CRASH**



**October 16 - 18, 2009  
Frontier Ranch, Buena Vista**

**Youth Retreat Registration  
Release of liability form**

**Registration Deadline: September 28th, 2009!!**

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Church \_\_\_\_\_ Church city \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone: (    ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone: (    ) \_\_\_\_\_

*I hereby release the Episcopal Diocese of Colorado and its staff and sponsors from any responsibility and liability for any injury or illness that my child may sustain during the above listed activity. In the event of an emergency, I hereby authorize an adult leader of this activity to act as an agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible.*

*I authorize use of my or my child's photograph in slides shown at Genesis and in future usage for publicity purposes*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_