

**QUEST 2K9:**  
*Be the Change!*

**APRIL 17-19, 2009  
FRONTIER RANCH, BUENA VISTA**

*Youth Retreat Registration*  
*Release of liability form*

Registration Deadline: March 27, 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 Quest and in future usage for publicity purposes*

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

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

Questions? Call Catie Greene or Meg Stern at 303-837-1173 or  
email to [cgreene@coloradodiocese.org](mailto:cgreene@coloradodiocese.org) or [mstern@coloradodiocese.org](mailto:mstern@coloradodiocese.org)