

Rooted Retreat Permission and Covenant Form

Church _____

Participant Name _____

Address _____

City, State, Zip _____

Email _____

Grade (for students) _____

I give permission for my child/myself to attend the Fall *Rooted Retreat* at Glisson Camping and Retreat Center on (date of retreat _____) and all the activities that it involves.

I also authorize the representatives of the North Georgia Conference and the church listed above to seek medical treatment for my child or for me should it be necessary. I agree to be solely responsible for the total costs of all medical care. I release the representatives of the North Georgia Conference from any and all liability in connection with my child's participation or my participation in the retreat activities. I agree to come and pick up my child if my child fails to follow the covenant and rules of the camp. I also allow pictures to be taken of myself or my child for the purpose of publicity.

Parent/Guardian Signature _____ Date _____

PARTICIPANT COVENANT -

Along with the leaders and youth, I agree to act in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I agree to participate in all the activities at *The Rooted Retreat*. By signing this covenant, I understand that I might be sent home if I do any of the following activities: possess illegal drugs, non-prescribed medication, alcohol or tobacco products, a weapon, or fireworks, as well as if I disrespect authority or fellow participants, or take part in any other activity or action that leaders deem as inappropriate. I promise to strive to make this retreat and each activity the best it can be.

Participant's Signature _____ Date _____

This form must be signed and returned to your group leader. Group leader must turn in all covenant forms upon arrival at retreat.