



SPYA Summer Retreat Participation Form

June 11-13, 2021

I understand the nature of the SPYA Summer Retreat and do hereby release Summit Point Church and its' representatives from any liability due to accident or injury incurred during this event.

I further agree to hold Summit Point Church and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

Signed: _____

Printed Name: _____

Special Medications or Allergies: _____

Emergency Contact: _____ Phone: _____ - _____ - _____

Relationship to me: _____