

# REGISTRATION FORM

## The Father's Heart Weekend Experience '09

Fathers filling their sons with AWE (Adventure • Wonder • Exploration)

Deer Run Retreat Center | August 21 – 23, 2009

**ALL REGISTRANTS:** Mail registration form, both liability forms (notarization not necessary when father attends), and check made out to Wellspring Community to the following address:

Father's Heart Weekend  
c/o Tom White  
103 Cottonwood Circle  
Franklin, TN 37069

### PLEASE PRINT

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Son's Name (Ages 6-11 may attend) \_\_\_\_\_

Age \_\_\_\_\_

**REGISTRATION FEE** covers all accommodations and meals, and activities for the weekend.

Father and son combo\* = **\$349**

Total Amount Due \$ \_\_\_\_\_ (Registration and payment in full is due by June 26th.) \*If you would like to attend with more than 1 son, please call Glenn at 615-294-5072 for more information. Cost is **\$175** per additional son (partial scholarships are available on a case by case basis). Call Glenn at 615-294-5072 for more information.

**Scholarships:** Some men need financial assistance to attend this weekend. If you would like to contribute please include separate check and list amount here. \$ \_\_\_\_\_ Thank you for your generosity!

### EMERGENCY CONTACT:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Describe your relationship with your son and what you would like to accomplish this weekend?

What would you like your son to know about your heart for him?

Do you or your son have any special needs for the weekend?



**DEER RUN RETREAT CENTER**

3845 Perkins Road  
Thompson's Station, TN 37179

**E-mail** contact@DeerRunRetreat.org  
**Phone** 615-794-2918  
**Fax** 615-794-5123

www.DeerRunRetreat.org  
Camps.DeerRunRetreat.org

**OUR MISSION**

To transform the lives of children, teenagers, and families through a passionate relationship with Jesus Christ and by connecting with one another in a retreat and camp setting.

**OUR VISION**

By partnering with churches, ministries, and community organizations, Deer Run Retreat seeks to create unforgettable retreat and camp experiences that reach, educate, and nurture the next generation of Christ followers by providing spiritual renewal, healing, restoration, inspiration, hope, and adventure.

*"As the deer pants for streams of water,  
so my soul pants for you, O God."  
Psalm 42:1*



# WAIVER OF LIABILITY NOTICE

Please read carefully before signing; you give up certain rights by signing this document.

I, \_\_\_\_\_  
(Name—PLEASE PRINT)

of \_\_\_\_\_  
(Address) (City, State, Zip)

attending on \_\_\_\_\_, 20\_\_\_\_  
(Date or Dates of Retreat or Event)

with \_\_\_\_\_  
(Group or Church Name if Applicable)

understand that high adventure activities such as high and low ropes/challenge courses, rappelling, mountain biking, hiking, backpacking, climbing, cave exploring, canoeing, swimming, white water rafting, and camping involve risk of injury or death from various hazards, both obvious and obscure, including but not limited to, injury by acts of other group participants, falling, being struck by falling objects, equipment failure, and other risks or occurrences not set forth in this document.

By signing this document I accept and assume responsibility for any and all such risks, whether or not specifically itemized herein, to include travel to and from activities, and I acknowledge that Deer Run Retreat Center and/or Deer Run Camps, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run Retreat Center and/or Deer Run Camps represents or contracts with shall be held harmless and blameless in the event of such an aforementioned mishap. I know and am prepared for the aforementioned risks and will not look to any entity or individual nor hold them responsible for my or my child's well-being or the protection from such risks, whether or not those risks are known or unknown by those organizations or individuals.

In consideration of participating in any and all activities with Deer Run Retreat Center and/or Deer Run Camps I, on my behalf and on behalf of my heirs, assigns, and representatives, do hereby irrevocably release Deer Run Retreat Center and/or Deer Run Camps, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run Retreat Center and/or Deer Run Camps represents or contracts with, their successors and assigns from any and all claims which involve any nature of injury or death or damage to persons or property that may occur as a result of my or my child's attendance or participation in such aforementioned activities.

By signing this I also give Deer Run Retreat Center and/or Deer Run Camps the rights to use any written quotes, photos, or video footage for promotional purposes which include the above named participant.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent or Legal Guardian Signature, if a minor Date

Email \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTARIZE IF THE ATTENDEE IS YOUNGER THAN 18 YEARS OF AGE.**

\_\_\_\_\_ sworn to and subscribed before me  
on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature My Commission Expires



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# MEDICAL RELEASE FORM

Please PRINT clearly. Thank you!

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

In An Emergency Notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

LIST Allergies/Reactions/Required Medications for Allergies \_\_\_\_\_

Current Medications /Dosage \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Please circle below any physical problems you have had within the last 2 years.

Respiratory Problems      Back Problems      Joint Problems      Heart Problems

High Blood Pressure      Bleeding Disorders      Epilepsy / Seizures      Arthritis

Gastrointestinal Disorders      Neurological Problems      Thyroid Problems      Liver problems

Psychiatric Counseling      Eating Disorders      Special Diet

Please give a written explanation if needed:

Please fill in the following information or provide a readable copy of your insurance card.

Medical Insurance Company \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber I.D.# \_\_\_\_\_ Group # \_\_\_\_\_

By completing and signing this form I give Deer Run Retreat Center and/or Deer Run Camps permission to engage medical help for me or my dependent child should an emergency medical situation arise while attending or participating in any event with said organization. I certify that the above information is accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or legal guardian if a minor)

PARENT OR LEGAL GUARDIAN OF MINORS: I give Deer Run Retreat and/or Deer Run Camps permission to administer first aid to my child including over-the-counter drugs for minor headaches, wounds, stings, stomach virus, etc. in case of an illness or accident. [Note: any allergies should be listed above.]

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTARIZE IF THE ATTENDEE IS YOUNGER THAN 18 YEARS OF AGE.**

\_\_\_\_\_ sworn to and subscribed before me  
on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_