Eagle's Wings Retreat Center
2805 Ranch Rd.
Burnet, TX 78611

Adult Liability& Audiovisual Release Form

Dear Participant:

We are happy you will participate in activities at Eagle's Wings Retreat Center. For our records and if any emergencies arise while at Eagle's Wings, please fill out and sign this form and Release. Please note: your signature is required and all information must be correct.

Participant Information

Name_____ Birth Date_____

Address_____

Cty/St/Zip_____Phone_____Cell_____

Email address _____

Consent & Release

I consent to participation in activities at Eagle's Wings, and acknowledge my participation is voluntary. I release Eagle's Wings Retreat Center, Inc. and its staff and volunteers of all liability and other consequence related to my participation (including any injury). I accept all financial responsibility for any medical treatment required. I agree to fully abide by all rules, regulations, and direction from Eagle's Wings and its staff and volunteers, release Eagle's Wings Retreat Center from liability for my failure to cooperate with regulations, and agree that my infraction of rules, regulations and directions may result in immediate dismissal from Eagle's Wings at my expense. I understand Eagle's Wings follows state and federal guidance regarding cleaning and infection control, agree to inform Eagle's Wings if I or anyone at Eagle's Wings exhibit signs of illness, and acknowledge the risk of contracting an illness at Eagle's Wings.

I also authorize Eagle's Wings Retreat Center to retain my contact information and to capture my image, voice, and likeness, and retain and use said recordings in any medium/format for any purpose, including, without limitation, promotional and advertising uses, in perpetuity.

Participant's Signature _____ Date_____

Medical and Emergency Information

Family Physician_____Phone(____)_____
Preferred Hospital_____Phone_____
Address/City_____
Allergies_____Current Medications_____
Medical Conditions we should be aware of_____
_____

In case of emergency, please call:
Name_____Phone_____cell_____
Name_____Phone_____cell_____

_____ Opt-out: Please exclude my contact information from any solicitation (if left unchecked we assume you are ok with us contacting you from time to time via email or newsletters)