Couples' Retreat

Sept. 3 -6, 2010

Couple's Name_____
Address_____
City_____State_____Zip_____
Email Address (optional)_____
Home PH_____Work PH_____

For our lodging, we will use: [ ] Cabin [ ] Tent [ ] RV

Health Information:

We or my spouse will make all medical decisions if deemed necessary. In case of an emergency, please contact_____ at phone #_____ for us.
Relationship_____

Insurance Provider_____
Insurance #_____

Motorized Boating Release:
DLBC is not licensed to own or operate motorized boats or watercraft, as emphasized by the Minnesota State Inspector. Because of this, all activities which you may take part in, will be at your own risk, thus exempting DLBC from all responsibility and liability in case of accident or injury from such activity.

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Couple's Signature Date

*DLBC's insurance policy is considered an accident excess insurance. All medical bills resulting from injury must be sent to the camper's insurance carrier.

Non-Discrimination Clause: In the operation of our child nutrition programs authorized by the United States Department of Agriculture, no one will be discriminated against because of race, sex, color, national origin, age, or handicap. If any believes they have been discriminated against, should write immediately to the Secretary of Agriculture, Washington, DC 20250

[ ] **$80.00 per couple**....payment enclosed, make all checks **payable to DLBC**
[ ] please add us to the camp mailing list "Lifers"