RETREAT ATTENDEE FORM

To be completed by each person attending your retreat.
This form must be filled out completely.

Please print clearly

Attendee's Full Name ____
First MI Last

Home Address ____
Number Street

____
City State Zip

Phone Number _________________________ Email Address _________________________

Emergency Contact ____
Name Relationship Phone Number(s)

HEALTH INFORMATION

Please list any medical conditions or allergies we should be made aware of in the case of an emergency:
____
____
____

I attest that all information provided is true and accurate. I waive and release Camp Penuel East, The Big Loop and their representatives from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself while participating in this event, or should I be injured during or travelling to and from the event. I grant permission for Camp Penuel East to administer or arrange for emergency medical treatment by ANY Hospital, emergency room, or medical personnel in the event of an accident, injury or illness. I agree to pay for all services provided.

____
Signature Date

COVID ATTESTATION FORM

Must be submitted upon arrival to Camp Penuel East

In the last 14 days, has anyone in your household had close contact with someone who has or is suspected to have COVID-19? ☐ Yes ☐ No

In the last 48 hours, have you experienced any of the following symptoms?

Symptom	Yes	No
Fever (over 100.4 °F)	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No
Chills	☐ Yes	☐ No
Muscle aches	☐ Yes	☐ No
Loss of taste and smell	☐ Yes	☐ No
Nausea, vomiting or diarrhea	☐ Yes	☐ No

If you've answered yes to any of these questions, please consult with your group's leader and Camp Staff for further evaluation.

I attest that all information provided is true and accurate.

Signature: ___________________________________ Date: _____________________