

Camp Constitution's "Ladies Spring Fling Application and Retreat Release Form 2025

In consideration for me to attend Camp Constitution's Ladies Retreat from Friday May 2 to Sunday May 4 2025 at the Alton Bay Christian Conference Center in Alton Bay, NH, I _____ personally assume responsibility for my actions and those of the other persons named below and agree to release Camp Constitution, and Alton Bay Christian Conference Center, its Trustees, and agents from loss, injury or damage to ourselves or our property; provided that nothing contained herein shall excuse Camp Constitution and Alton Bay Christian Conference Center, its Trustees, or agents from responsibility to act with reasonable care for the safety of ourselves or our property.


I give permission to Camp Constitution to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray exam, or hospital, E.R. as might be ordered by the physician chosen by the director, and release Camp Constitution and Alton Bay Christian Conference Center, its trustees, employees, and volunteers from any liability for any first aid rendered or treatment performed pursuant to this consent.

I am responsible for the following participants:

No.	◆ Names of Attendees	Birth Date	★ Instructions (Medicines, Allergies, Medical Condition etc)
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
			None <input type="checkbox"/>
<input checked="" type="checkbox"/> Please List Names of All Attendees In Your Group:			

★ Please List Any and All Medicines, Medical Conditions, Allergies or Special Food Requirements etc. Check None if applicable. Attach additional details as needed. Use an additional copy of this form for larger numbers. Sign all copies.

6. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Attendee	Date
	
Print Address:	

Date

The cost of the event is \$200. per person. If paying by check-payable to Camp Constitution-, please send application with check C/O Hal Shurtleff 146 Powder Mill Rd. Alton, NH. Payments may be paid via PayPal account accessed from our website's homepage www.campconstitution.net