Spiritual Life Retreat 2018
Permission & Covenant Form

Please check which weekend you are attending:

✓ SLR1 (March 2-4) ___SLR2 (March 9-11) ___SLR3 (March 16-18)

Church Athens First United Methodist Church

Participant Name_____

Address_____

City, State, Zip _____

Email _____

Grade (for students)_____

To Be Signed by Parent/Guardian of above or, in case above is an adult, then that adult -

I give permission for my child/myself to attend the Spiritual Life Retreat 2018 at Glisson Camp and Retreat Center and all the activities that it involves. I also authorize the representatives of the North GA Conference and the church listed above to seek medical treatment for my child or for me should it be necessary. I agree to be solely responsible for the total costs of all medical care. I release the representatives of the North GA Conference from any and all liability in connection with my child's participation or my participation in the retreat activities. I agree to come and pick up my child if my child fails to follow the covenant and rules of the camp. I also allow pictures to be taken of myself or my child for the purpose of publicity.

Signature _____ Date _____

PARTICIPANT COVENANT (To be signed by participant) -
Along with the leaders and youth, I agree to act in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I agree to participate in all the activities at Spiritual Life Retreat 2018. By signing this covenant, I understand that I might be sent home if I do any of the following activities: possess illegal drugs, non-prescribed medication, alcohol or tobacco products, a weapon, or fireworks, disrespect authority, or take part in any other activity or action that leaders deem as inappropriate. I promise to strive to make this retreat and each activity the best it can be!

Signature_____ Date _____

This form must be signed and returned to your group leader. Group leader must turn in all covenant forms upon arrival at retreat.