



Progressive Radically Progressive Radically Inclusive Student Ministry  
University of Colorado at Boulder

**2009 RETREAT REGISTRATION FORM**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Off-Campus Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents Phone: \_\_\_\_\_ Parent(s) Email: \_\_\_\_\_

Class Standing: \_\_\_\_\_ (First Year, etc.) When do you anticipate graduating: \_\_\_\_\_

Major/Intended Major: \_\_\_\_\_ Are you a Vegetarian?  YES  NO

Other special dietary needs we need to accommodate? \_\_\_\_\_

*In case of emergency please contact:* **Medical Release**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_ Insurance No. \_\_\_\_\_

Please list any illness or health condition you may have which we should be aware of: (ex: asthma, heart condition, allergies etc.)

**Release of Liability**

I, the undersigned, acknowledge and fully understand the dangers and hazards inherent in activities inside and outside of the State of Colorado. In consideration of the services provided by PRISM/United Ministries in Higher Education, I hereby assume all the risks and responsibilities arising from my participation in the 2009 Worktrip and, for myself, my heirs, and person representatives, absolutely and unconditionally release and discharge PRISM and all of its staff from any and all claims, demands, and rights of causes of action which may arise from my participation in any Campus Ministry function or event, inside or outside the State of Colorado. I have caused this release to be executed during the scheduled days of the 2009 Worktrip.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**OFFICE USE ONLY**

**Notes:** \_\_\_\_\_  
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