

**Eagle's Wings Retreat Center  
2805 Ranch Rd.  
Burnet, TX 78611**

**Adult Liability & Photography Release Form**

Dear Participant,

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

**Participant Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Cty/St/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

**Consent**

I consent to my participation in the activities at Eagle's Wings Retreat Center. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise in the event of an injury. Further, I agree to accept financial responsibility as a result of medical treatment. I agree to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc. staff and volunteers. Eagle's Wings Retreat Center will not be liable if I fail to cooperate with regulations, and that my infraction of the rules may result in immediate dismissal from this facility at my expense.

I also authorize Eagle's Wings Retreat Center the right to use contact information and to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical and Emergency Information**

Family Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address/City \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Medical Conditions we should be aware of \_\_\_\_\_

In case of emergency, please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Opt-out: Please exclude my contact information from any solicitation (if left unchecked we assume you are ok with us contacting you from time to time via email or newsletters)