

**Zion Church Retreat 2024**  
Consent Form and Liability Waiver

Participant's Name : \_\_\_\_\_

Participant's Birth date : \_\_\_\_\_

Email : \_\_\_\_\_

Contact no. : \_\_\_\_\_

Home Address : \_\_\_\_\_ Postcode ( )

I, \_\_\_\_\_, will participate in the Zion Church Retreat 2024, to be conducted by the staff and volunteers of Zion Church. This event will take place at the Cassia Hotel, Bintan, Indonesia, from 23-25 November 2024.

As an adult, I remain legally responsible for any personal actions. I agree to hold harmless and defend the Organizer, its officers, and agents from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with myself or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, and agents for reasonable attorney's fees and expenses arising therewith. I hereby warrant that, to the best of my knowledge, I am medically fit to attend this event, and I assume all responsibility for my own health and safety.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Information

In the event of an emergency, I hereby give permission to transport myself to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, contact this person.

Emergency contact

Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Contact no. : \_\_\_\_\_

Please state any special health conditions.

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Please state any food and/or medicinal allergies.

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