

The Summit Lighthouse®
2018 SUMMER RIVER RETREAT/YOUTH EVENTS
REGISTRATION

Teen Retreat June 29 – July 4
SU at the River Retreat July 6 – 10

Registration: Postmarked May 1 – June 6 **Late Registration:** Postmarked after June 6

Three ways to register:

Phone: 1-800-245-5445 or 406-848-9500, Mon-Fri, 9:30 a.m.–5:30 PM MDT by June 6

Fax: 1-800-221-8307 or 406-848-9555, 24 hours a day. Fax completed forms by June 6 to receive discount

Mail: The Summit Lighthouse, 63 Summit Way, Gardiner, MT 59030-9314 USA

NAME(s) _____ **AGE(s)** _____

Registration Dates and Fees (Indicate number of siblings for each event in the blanks)

Teen Retreat: June 29 - July 4 (Mentor Training June 27-29, included in retreat cost \$245 postmarked by June 6; \$290 postmarked after June 6)

*Each additional sibling receives a \$50 discount

Teen Retreat _____ Subtotal Amount \$ _____

SU @ the River Retreat: July 6-10

\$335 (includes SU Registration, breakfast at the retreat, lunch and dinner in cafeteria and bed at the River Retreat)

(You can apply for one of the ten youth scholarships awarded by SU for tuition. For information and an application form, call Mark Chapin at 406-848-9752 or email mchapin@TSL.org. Applications are due by May 31st.)

*If you receive a scholarship for SU tuition, you are responsible for **\$214** for room and board.

SU @ River Retreat _____ Subtotal Amount \$ _____

Payment Method

Personal check (made out to TSL/CUT) Money Order Credit Card

 Visa/MC/Amex/Discover (circle one) Card Number _____ Exp. _____

 Authorized Signature _____ **GRAND TOTAL Amount** _____

(***For security reasons, please do not mail cash or email credit card info)

Financial Assistance: Participants requesting a Teen Retreat scholarship must complete a scholarship form. Please email:

Teen Retreat scholarship: cvann@tsl.org

Scholarship for summer 2018 Retreat/Event approved for \$ _____

Questions? Email CVann@tsl.org or call Customer Service 800-245-5445 or 406-848-9500.

Travel Information

Teen/Young Adult Arrival

- Parent will bring teen to Retreat
- Teen will be brought to Retreat by an authorized adult
- Young Adult will arrive at Retreat by him or herself
- Teen/Young Adult needs to be picked up at Bozeman Airport
- Airlines _____ Flight # _____ Date _____ Arrival time _____
- Other _____

Teen/Young Adult Departure

- Parent will pick-up teen at the Retreat
- Teen will be picked up at the Retreat by an authorized adult
- Young Adult will depart from Retreat by him or herself
- Teen/Young Adult needs to be brought to the Bozeman Airport
- Airlines _____ Flight # _____ Date _____ Departure time _____
- Other _____

Teen/Young Adult Information:

Participant name: _____	Age _____	M ___	F ___
Attending Teen Retreat _____	Attending KLF Retreat _____	Attending other event _____	
Date of Birth _____	Grade (as of April 2018) _____	Account No. _____	
Teen/ Young Adult's email _____			
Address _____			
City/State/Zip: _____			
Phone Day _____	Evening _____	Cell _____	
Emergency Medical Information			
(Please list here - Prescriptions, medications, allergic reactions – provide detailed information in Medical Info area)			

Participant name: _____	Age _____	M ___	F ___
Attending Teen Retreat _____	Attending KLF Retreat _____	Attending other event _____	
Date of Birth _____	Grade (as of April 2018) _____		
Teen/ Young Adult's email _____			
Address _____			
City/State/Zip: _____			
Phone Day _____	Evening _____	Cell _____	
Emergency Medical Information			
(Please list here - Prescriptions, medications, allergic reactions – provide detailed information in Medical Info area)			

Legal Parent or Guardian Information (only needed if under 18 years old)

Parent's Name _____ Account # _____

Address _____ City/State/Zip _____

Parent's Email _____

Phone: Day (if different from teens) _____ Evening _____ Cell _____

Best way to reach in an emergency - Circle phone number above

Emergency Contact (if different from Parent Information above)

In the event of an emergency, retreat staff will first try to contact the parents; then the backup emergency contacts.

Name _____ Relationship _____

Address _____

City/State/Zip: _____

E-mail: _____

Phone: Day _____ Evening _____ Cell _____

“Substitute” Parent (Temporarily-Responsible Adult) (for teens under 18 years old if parent will be further from Church property than the Bozeman area while teen under 18 years is attending)

Many teens arrive at the retreats with friends or family and will stay in the custody of church volunteers briefly before and/or after the retreats. Please provide the name of individuals other than the legal parent/guardian who is authorized to pick up the teen if under 18 years old.

“Substitute” Parent/Temporarily-Responsible Adult Contact Information

Name _____ Relationship _____

Address _____

City/State/Zip _____

E-mail _____

Phone: Day _____ Cell _____

Medical Information: Please complete this medical information page separately for each sibling

PARTICIPANT NAME _____

Health Insurance Yes_____ No_____

Name of Health Insurance Carrier: _____

Group Plan #_____ Phone_____

Family Physician: _____ Phone: _____

Date of last tetanus booster: _____

Medical Conditions

It is your responsibility to inform Church Universal and Triumphant of any existing medical condition that you have, both on this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

1. **Do you wear?** Contact lenses/glasses_____ Hearing aid _____
2. **Do you have asthma?** _____Specify medication_____
3. **Do you have a heart condition?** _____Describe your limitations, medication and history:
4. **Do you have any physical disabilities or limitations** that could become a problem in this program? If so, please describe the disability, limitation and history:
5. **Are you currently on any medication?** _____If so, indicate the specific medication and dosage, condition prescribed for and any known negative drug interactions:
6. **Is there any other condition** that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our programs? Please describe in detail:
7. **Are you allergic to any of the following?** If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:
 - 1) Medication (i.e. penicillin, aspirin)
 - 2) Insect bites (i.e. wasps, bees)
 - 3) Foods (i.e. peanuts, chocolate)
 - 4) Plants
 - 5) Other

Do you have medication you use for allergic reactions (i.e. EpiPen, Benadryl)? If so, what do you use?

*****Note:** (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).

Medical Information: If registering a sibling, please complete this page

PARTICIPANT NAME _____

Health Insurance Yes _____ No _____

Name of Health Insurance Carrier: _____

Group Plan # _____ Phone _____

Family Physician: _____ Phone: _____

Date of last tetanus booster: _____

Medical Conditions

It is your responsibility to inform Church Universal and Triumphant of any existing medical condition that you have, both on this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

8. **Do you wear?** Contact lenses/glasses _____ Hearing aid _____
9. **Do you have asthma?** _____ Specify medication _____
10. **Do you have a heart condition?** _____ Describe your limitations, medication and history:
11. **Do you have any physical disabilities or limitations** that could become a problem in this program? If so, please describe the disability, limitation and history:
12. **Are you currently on any medication?** _____ If so, indicate the specific medication and dosage, condition prescribed for and any known negative drug interactions:
13. **Is there any other condition** that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our programs? Please describe in detail:
14. **Are you allergic to any of the following?** If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:
 - 1) Medication (i.e. penicillin, aspirin)
 - 2) Insect bites (i.e. wasps, bees)
 - 3) Foods (i.e. peanuts, chocolate)
 - 4) Plants
 - 5) Other

Do you have medication you use for allergic reactions (i.e. EpiPen, Benadryl)? If so, what do you use?

*****Note:** (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).

Teen Retreat Pledge

I, [insert full name] _____ pledge to do all that I reasonably can to make this retreat a great experience for myself and everyone else.

I will do this by maintaining a positive attitude towards all people and events at the retreat.

I recognize that the retreats are a great opportunity to make spiritual progress, and I will do all that I can to help others and myself on our own spiritual paths.

I will attend all planned activities and learning sessions in which I am physically and emotionally able.

I will show respect in all planned activities and learning sessions. I will also respect everyone's beliefs and ideas, and I will respect all mentors, both adult and youth, just as they will respect me.

I agree to follow the guidelines that we will all set together in our first retreat session.

If I have a problem or a disagreement, I will try to resolve it in a positive way with consideration for others' feelings.

I agree not to use alcohol, drugs, or tobacco while at the retreat.

For the duration of the retreat I choose to focus on my own spiritual growth and spiritual friendships, and not exclusive or "dating" relationships.

I am attending this retreat because I want to be there.

Signed with sincerity (by Teen)

Participant Full Name (signature)

Siblings Full Name (signature)

Date

Parents: It is important that the teen reads and signs this pledge. We suggest that you also read the pledge agreement which the teen must sign. It has been our experience that when the teen makes the choice to attend, (s) he is ready and committed to being at the retreat and respecting the retreat environment.

The Summit Lighthouse[®]
SUMMER RIVER RETREAT/YOUTH EVENTS
AGREEMENT AND RELEASE FORM

By signing below, on behalf of myself (age 18 or over) and/or my minor children (under 18 years of age) for whom I am the legal parent or guardian, I acknowledge and accept the following terms, conditions and policies governing participation in The Summit Lighthouse (“TSL”) summer events at the Inner Retreat/Royal Teton Ranch (“Inner Retreat”).

Acknowledgement of Risk, Release and Indemnification

I ACKNOWLEDGE that my accountability for potential accidents and medical problems in this environment are greater than normal due to the rural outdoor setting; altitude; wildlife; unpredictable weather; unimproved or minimally-improved gravel and dirt roads and parking lots and walkways; rivers and streams with swift moving currents; limitations of communication and transportation; and lack of medical services on the Inner Retreat property.

I ACKNOWLEDGE THAT POTENTIALLY DANGEROUS WILDLIFE INCLUDING BUT NOT LIMITED TO GRIZZLY AND BLACK BEARS, BUFFALO (BISON), MOUNTAIN LIONS, ELK, MOOSE, WOLVES, AND COYOTES ROAM FREELY AT THE INNER RETREAT, AND HIKING IS ALLOWED ONLY IN GROUPS WITH AN INNER RETREAT HIKING GUIDE. I AGREE that I will not venture into unpopulated areas without an authorized Inner Retreat Hiking Guide. I also recognize that dangerous wildlife may be present even in populated areas of the property.

I AGREE to take extraordinary precautions and to make common sense preparations for myself, my family members, my children and any other persons I am legally responsible for, including drinking adequate amounts of water. I REPRESENT that I am in reasonably good health to be participating at the Inner Retreat. I UNDERSTAND AND AGREE that I ASSUME ALL RISK and have the sole responsibility for all sickness or injury and related expenses and for my own health and well-being and that of my family and other individuals I am legally responsible for while visiting at the Inner Retreat, or participating in its activities or events, which may include hiking, rafting, outdoor sports, or other recreational activities, whether on or off TSL property, or in TSL or privately owned vehicles.

On behalf of myself and all minor children of whom I am the legal parent or legal guardian, I HEREBY ASSUME ALL RISKS and agree to release, indemnify and hold harmless The Summit Lighthouse, Summit University, their parent corporation, and parent corporation’s subsidiaries, affiliates, related organizations, sureties, board of directors, officers, employees, volunteers, agents, successors or assigns (“TSL and related bodies”) from all damages, liability claims or causes of action whatsoever that might arise from my visit to the Inner Retreat or as otherwise might be imputed to TSL and related bodies from my visit in any way, including negligence of any third-party providers of recreational or other services to participants in TSL summer events. This Acknowledgment is binding upon my heirs, personal representative, successors and assigns.

General Terms, Conditions and Policies

Standards of Personal Behavior

I understand that the summer events offered by TSL are spiritual in nature and that my participation is an opportunity to experience the teachings of the ascended masters. The consumption or possession of alcohol and illegal drugs are prohibited on TSL property at all times. I understand that I will derive the greatest spiritual benefit from my participation in TSL events if I refrain from the use of alcohol and illegal drugs during this time. Additionally, because of the danger of wildfires and for the greatest spiritual benefit, I will refrain from the use of tobacco products.

Dress Code

In honor of the ascended masters, we embrace a dress code that is casual though neat, modest and clean. All summer event participants are asked to follow the dress code when at the Inner Retreat. Clothing such as muscle shirts, spaghetti straps, tank tops, halter tops, mini-skirts, short shorts or anything tight-fitting, low-cut or revealing is not allowed, with the exception that modest shorts and swimwear may be worn for outdoor recreation. Dress protocol for King Arthur's Court and all chapels is more conservative.

Payment and Refund Policy

I agree to pay all applicable enrollment tuition and fees when due. I understand that limitations may apply to availability of refunds, and I will inquire with registration personnel if I have questions.

I understand that TSL's policy is to accept payments and donations only in the form of U.S. currency, checks drawn on a United States bank, money orders, traveler's cheques or credit card.

I also understand that TSL's policy is to not accept foreign checks or foreign currency and that TSL does not extend credit, including post-dated checks. The reason for these policies is that TSL does not have the staffing or time that these payment methods require.

Disclaimer

I realize that while there is unlimited potential for my own personal growth through the conscientious study and practical application of the teachings of the ascended masters on a daily basis, it is my individual efforts and application that will determine my overall progress.

No representations of any kind have been made to me by TSL and related bodies that would lead me to expect that any specific benefits shall be conferred upon me or that any specific changes in my life shall occur as a result of my participation in any or all of the TSL summer events.

Copyright Assignment and Release for Photography and Recordings

I hereby give to TSL and related bodies permission to publish in any medium (including electronic), distribute, broadcast (including streaming audio and video), televise, promote, license, sell or copyright for religious, educational, commercial and related promotional purposes, any photograph, video, or sound recording produced by TSL and related bodies or under their sponsorship, which may include the image or likeness of my person and/or my voice and those of my minor children (under 18 years of age) for whom I am the legal parent/guardian

Further, I hereby give to TSL and related bodies authority to use the above matter with or without my name, with changes or additions or deletions to such matter, and with or without testimonial copy in such a manner as shall seem appropriate and proper to TSL and related bodies.

I hereby release, indemnify and hold TSL and related bodies harmless without limitation, from any claims, demands or causes of action including, but not limited to, any and all claims for invasion of privacy in regard to the production, distribution, sale and/or use of the materials described above.

I acknowledge that TSL and related bodies are obtaining this Assignment and Release in order to conform with the requirements of U.S. copyright laws and international copyright treaties and conventions.

General Youth Policies

Commitment to Behavioral Standards

During their participation in any TSL summer events, youth are required to conform their behavior to the traditional TSL standards for those who enjoy the benefits of the Inner Retreat property. Participants in the Teen Retreat must sign a Teen Pledge when they arrive at their event to uphold these standards.

Parental Supervision

During conferences, youth are invited to attend the main conference program or to participate in the children's or teen programs. Youth who are 18 or older may also volunteer in one of the many areas of service. When attending any event at the Inner Retreat without parents, all youth under 18 are required to have a legal parent or, guardian, or a temporarily-responsible adult appointed by the parent or guardian ("substitute" parent), who will be staying close to Church property (no further than the Bozeman area) during the events and who is willing to take responsibility for the youth while the latter is attending events at the Inner Retreat.

Even if a child or youth is under the supervision of a temporarily-responsible adult ("substitute" parent) on Church property, the actual legal parents or guardians are still responsible to check in daily with the child/youth, or with the temporarily-responsible adult, to assure proper supervision, with the exception that a daily check-in is not required for teens while they are participating in the Teen Retreat.

Attendance

To be on Inner Retreat property, all children and youth must be registered and fully engaged in a formal TSL-sponsored program being offered such as a Teen Retreat, Teen Day Camp, Conference Program, Summit University, or intern program. Loitering on the property outside of a formally sponsored program is not permitted, and youth may be asked to leave the property if not fully participating in such an event, or enrolled in a formal program.

Leaving the Property

Youth under 18 years of age may not leave the property during events, which includes Summit University, without the permission of a legal parent or, guardian, or a temporarily-responsible adult ("substitute" parent) appointed by the parent or guardian, and the designated representative of the program in which they are participating. See addendum for the designated Church headquarters representative for each program.

If permission is granted to leave the property, youth are still expected to behave according to the standards of behavior set forth in this document.

Temporary, Conference, and Regular Staff Positions

The organization typically makes a number of staff positions available for youth, including short-term summer jobs, internships, and full-time jobs. Young adult employees are subject to the same standards as adult employees.

The application and hiring process for any staff or conference position includes agreeing to abide by all organizational policies, including the Church's residency policy when living in Church housing.

Youth who work outdoors, for example on a conference set-up crew, must wear clothing and foot-gear that provides adequate protection and safety. Shirts must be worn at all times. High cut shorts and thong sandals are not appropriate for outdoor work.

Consent for Emergency Treatment of Minors

I hereby authorize TSL and related bodies, in circumstances in which I cannot be consulted in time for emergency treatment, to act as my agent to authorize and consent to any transportation, emergency x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care under the supervision and advice of a licensed health-care provider in the States of Montana or Wyoming to be rendered to my minor children (under 18 years of age) for whom I am the legal parent or guardian, whether such diagnosis or treatment is rendered at the office of said licensed health-care provider, or at a hospital or clinic. I acknowledge the need to provide thorough and accurate medical information on the accompanying registration form, and to provide updates whenever information may change, in order to ensure safety and effective health-care response in the event of an emergency during the summer events.

Acceptance of Entire Agreement

My signature below indicates that I have read, understood, accept and agree to abide by the above terms, conditions, and policies, and will ensure that minor children (under 18 years of age), including but not limited to those listed below, for whom I am the legal parent or guardian, or temporarily-responsible adult ("substitute" parent) appointed by the parent or guardian, will also abide by the policies.

BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE A RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

By signing, I am acknowledging that I am the Legal parent or guardian of attendees younger than 18 years

By signing, I am acknowledging that I am 18 years old or older

Signature

Printed name

Date

Summer Retreat Packing List

Summer Retreat Necessities: (Label all items with name)

1. **Water Bottle/Canteen you can wear!!!** For hikes and all other events. You must have water at all events!
2. Sleeping bag (rated to 30 degrees F)
3. Clothing to accommodate temperatures of 30 – 90 degrees F (All River Retreat events will include outdoor activities so be prepared for a variety of weather conditions. Weather changes and layers of clothing are a good idea).
4. Rain Jacket/Poncho
5. Sturdy/Hiking shoes, sneakers, or boots (recommend 2 pairs)
6. Hat
7. Prescription Medications in daily dose containers
8. Glasses, contacts, etc.
9. Toothbrush, soap, shampoo, conditioners, and toiletries
10. Towel
11. Swim suit
12. Flashlight (extra batteries)
13. Sunscreen
14. Bug Spray

Optional:

1. Pillow
2. Musical Instrument
3. Sun glasses
4. Day Pack/Fanny Pack
5. Kleenex

Don't Bring:

1. Flip flops, platform shoes, high heels, strapless sandals, or other flimsy/dangerous footwear. Shower shoes will be permitted in the shower **only**.
2. Knives or any weapons
3. Lighters or matches
4. Electrical Devices
5. Alcohol, non-prescription drugs, tobacco, or other illegal substances
6. Fireworks or explosive/flammable materials
7. Expensive or fragile items
8. Clothes with offensive words or graphics
9. Revealing Clothing or Swimwear

Note: When hiking or orienteering you will need sturdy shoes and appropriate clothing that does not hamper movement and provides proper protection from the elements and environment. You will not be able to participate without suitable clothing.