

The Summit Lighthouse®
2018 SUMMER REGISTRATION
Young Adults (18-36 years)

Knights and Ladies of the Flame® Summer Retreat
Walking the Spiritual Path

General Information

Participants: Young adults ages 18 - 36 years old

When: The Retreat Stars on Wednesday, July 12 at noon and ends on Sunday July 15 in the afternoon. There is the option to attend the retreat for the weekend from Saturday July 14 and Sunday, July 15.

Where: The retreat will take place at TSL's River Retreat, located south of Royal Teton Ranch along the Old Yellowstone Trail and about 7 miles away from the North Entrance to Yellowstone National Park.

Cost:

ENTIRE RETREAT: Thursday, July 12 – Sunday, July 15
Pre-Reg until June 6: \$205 On-site Reg: \$225

WEEKEND RETREAT: Saturday, July 14– Sunday, July 15
Pre-Reg until June 6: \$115 On-site Reg: \$130

*These fees include housing, food and activities for the duration of the retreat.

Scholarships:

We have a number of limited scholarships available, to apply please click on the link and fill the scholarship application form with all your details by June 30:

<https://goo.gl/forms/wK94JvM7ijc5VoJY2>

How to Register

1. Download and fill out this retreat registration form.
2. Email completed forms to CommunityKLF@gmail.com
3. Make your payment with Customer Service

***Email completed forms by June 6 to receive discount**

For more information and details about the retreat, questions or help with registration, please write us to CommunityKLF@gmail.com WhatsApp: +521 55 15 82 24 94 or call Customer Service 800-245-5445 or 406-848-9500.

Are you planning to attend the Full Retreat or the Weekend?

- I will attend the Full Retreat / Thursday, July 12 – Sunday, July 15
- I will attend the Retreat for the Weekend / Saturday, July 14– Sunday, July 15

Scholarship approved for \$_____

GRAND TOTAL Amount_____

Payment Method

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

Visa/MC/Amex/Discover (circle one)_Card Number_____Exp._____
 Authorized Signature_____

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

Customer Service Phones:

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.

Travel Information

If you are flying in before the retreat starts and need transportation from the airport to the retreat or from the retreat to the airport, please let us know in advance to make arrangements. The estimated time from the airport to the retreat is approximately one hour and a half.

Arrival

- I will arrive at Retreat by myself
- I need to be picked up at Bozeman Airport
- Airlines _____ Flight # _____ Date _____ Arrival time _____
- Other_____

Departure

- I will depart from Retreat by myself
- I need to be brought to the Bozeman Airport
- Airlines _____ Flight # _____ Date _____ Departure time _____
- Other_____

Participant name: _____ Age _____ M ___ F ___

Attending other Summer events_____ Which one(s)? _____

Date of Birth _____ KOF Account No. _____

Email_____ T-shirt Size _____

Address _____ City/State/Zip: _____

Phone: Day_____ Evening_____ Cell_____

How did you find out about the retreat?

Do you know about the teachings of the ascended masters?

Have you attended a Summit Lighthouse study group or KLF Retreat before? Which one? _____

We will have a variety of delicious food available during the retreat. If you have food allergies or preferences, please mention them here:

Are you Vegetarian? Yes ____ No ____

Are you Vegan? Yes ____ No ____

Are you Gluten intolerant? Yes ____ No ____

Do you eat red meat? Yes ____ No ____

Do you eat red fish? Yes ____ No ____

Emergency Contact

In the event of an emergency, retreat staff will first try to contact the emergency contact.

Name _____ Relationship _____

Address _____

City/State/Zip: _____

E-mail _____

Phone:

Day _____ Evening _____ Cell _____

Medical Information:

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 explain and 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).

Knights and Ladies of the Flame® Retreat Pledge

I _____ 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 and by embracing the KLF Values: Integrity, Brotherhood, Compassion, and Pursuit of Wisdom.

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 will not listen to or spread gossip or rumors about others.

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.

I certify that I am between the age range required to participate in this event (18 - 36 years old)

Signed with sincerity.

Participant Signature:

Date:

The Summit Lighthouse®
Knights and Ladies of the Flame® Summer Retreat
AGREEMENT AND RELEASE FORM

By signing below, on behalf of myself 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 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,

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.

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

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 18 years old or older

Signature _____

Printed name _____

Date _____