**NAME:**

**ADDRESS:**

**PRIMARY EMERGENCY CONTACT:**

 **Name:**

 **Phone:**

**SECONDARY EMERGENCY CONTACT:**

 **Name:**

 **Phone:**

**HEALTH ISSUES THE COMMITTEE SHOULD BE AWARE OF**

**ALL ABOVE INFORMATION WAS GIVEN VOLUNTARILY**

***I hold the Edge of the Water Women's Retreat HARMLESS of any LEGAL LIABILITY***

***In case of a medical emergency, guests personal insurance would be responsible for all expenses.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 Signature

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 Date