

Name (print): _____

Phone Number: _____

Email Address: _____

By checking this box I opt-in to receive The Mountain's newsletter and other informational literature via email.

Name(s) of Minor Child(ren): _____

In case of emergency, please call _____ Phone: _____

I, or my child(ren), have medical conditions and/or food allergies (not preferences) YES NO

that can result in severe allergic reactions that we should know about in an emergency :

If yes, please list: _____

In exchange for participation in a retreat at The Mountain, and for use of the property and facilities, I on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I agree to observe and obey all posted rules and warnings, and to follow any instructions given by the retreat leader(s) and The Mountain's staff and representatives.
2. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in activities.
3. The Mountain Retreat and Learning Center assumes no responsibility for accidents, injuries, illnesses or their treatment, or damage to a participant's property arising out of or related to your stay and use of The Mountain. Further, I acknowledge and fully assume the risk of illness or death related to COVID-19 and other illnesses arising from my being on the premises and participating in the activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children for whom I have the capacity to contract) The Mountain Retreat and Learning Center, Inc. their owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability which might occur as a result of my being at The Mountain.
4. If I should become ill and diagnosed with COVID-19 within two weeks of departing The Mountain, I understand that it is my responsibility to contact The Mountain directly and inform them of my illness. The Mountain will then work with the Macon County Health Department to implement appropriate contact tracing should this be necessary.
5. I hereby consent that use of photographs/videotape taken during the course of our program may be used for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources) by The Mountain. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.
6. All registration information is held on a 3rd party secure server.

I HAVE READ THIS DOCUMENT & UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____ Date: _____