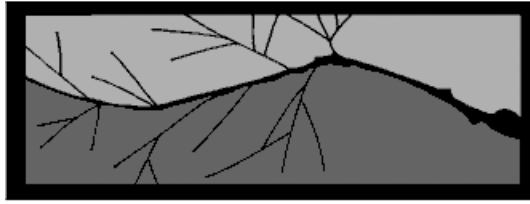


CEDAR HILL



RETREAT CENTER

Individual Registration Form

Name: _____ Phone: _____

Address: _____

Email: _____ Cell: _____

Name of Group (If applicable): _____

Date(s) of Retreat: _____ Arrival & Departure Times _____

What do you hope to gain from this retreat? _____

Special dietary considerations, or special needs? _____

Your signature below acknowledges your understanding and agreement to the following items:

- Use of the Center's grounds is at the user's own risk. Cedar Hill has taken precautions to make the area as safe as possible, but hikes, use of the pond and surrounding areas may entail risks for which Cedar Hill will not be liable.
- You take responsibility for any significant damage you may do to the Center above and beyond normal wear and tear. Cedar Hill staff reserves the right to ask you to leave at any time if your presence creates a danger or detriment to other guests or to the Center.
- You grant permission to use your image (and that of any minor children in your care) in photographs or video footage on promotional or marketing material without compensation unless you check this box:
- All dietary restrictions and considerations are fully disclosed on this form.

Signature: _____

Date: _____ Fee enclosed \$ _____

Please return your registration and fee to the address below.

Cedar Hill Retreat Center

3416 Crooked Creek Rd. Carlisle, KY 40311

www.cedarhillretreats.org

(859) 289-2832