Couples' Retreat

Couple's Name_____
Address_____
City_____State_____Zip_____
Email_____ Home Phone_____
(optional)

Lodging: [ ] Cabin [ ] Tent [ ] RV
(There is a limited number of cabins.)

Registration fee: **[ ] $80.00 per couple….**payment enclosed, make all checks Payable to DLBC

Health Information:

We, or my spouse will make all medical decisions if deemed necessary. In case of an Emergency, please contact_____ at the following Phone _____ for us. Relationship_____
Insurance Provider and _____

Motorized Boating Release of Responsibility/Liability: DLBC is not licensed to own or operate motorized boats or watercraft, as emphasized by the Minnesota State Inspector. Because of this, all activities which you may take part in, will be at your own risk, thus exempting DLBC from all responsibility or liability in case of an accident or injury from such activity.

_____
Signature

Non-Discrimination Clause: In the operation of our child nutrition programs authorized by the United States Department of Agriculture, no one will be discriminated against because of race, sex, color, national origin, age, or handicap. If anyone believes they have been discriminated against, should write immediately to the Secretary of Agriculture, Washington, D.C. 20250