

**REGISTRATION for FLORIDA WINTER REUNION**  
**Saturday, January 26 – Friday, February 1, 2019**

**Registrations will be accepted beginning 10/15/2018.** When registering, please follow these guidelines:

1. Please complete this form and mail it with your payment to Nolan White.
2. If you register online, please pay online at the same time. **NOTE:** you still need to mail this signed and completed form to Nolan.
3. Registrations (and housing requests) will only be processed when total fees are received.
4. *The Residence Center rooms will be assigned in this order: 1<sup>st</sup> priority – medical/physical necessity, 2<sup>nd</sup> priority – the order Nolan receives your paid and completed registration.*
5. Whether you stay on the grounds at Deerhaven or stay elsewhere, the registration fee remains the same in order to cover insurance, event fee, user fees, meals, visiting ministry, etc.

Name \_\_\_\_\_ Priesthood \_\_\_\_\_

Name \_\_\_\_\_ Priesthood \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip: \_\_\_\_\_ Congregation \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_ and \_\_\_\_\_

**REQUIRED: Read the liability release/waiver on the back of this form. Each registrant must sign below:**

**STATEMENT OF CONSENT AND RELEASE**

*I/We, the undersigned, have read and consent to the rules, guidelines and releases specified on the back of this form. I/We have read, understand, and agree to abide by the Event Rules.*

\_\_\_\_\_  
**Signature: Registrant**

\_\_\_\_\_  
**Signature: Registrant**

**HOUSING REQUESTS:** *We will do our best to honor your housing requests, but we ask that you be flexible and gracious. Wherever you stay, you should plan to bring your own bedding and towels.*

**Please indicate your response to EACH of the choices below:**

I/we have a medical/physical necessity to be in the Residence Center: YES \_\_\_\_\_ NO \_\_\_\_\_

(if YES, please explain: \_\_\_\_\_)

I/we will stay in one of the cabins, *if necessary*: YES \_\_\_\_\_ NO \_\_\_\_\_

I/we can sleep on a top bunk, *if necessary*: YES \_\_\_\_\_ NO \_\_\_\_\_

I/we will stay in our own: RV \_\_\_\_\_ Tent \_\_\_\_\_ Trailer \_\_\_\_\_

I/we plan to stay somewhere other than Deerhaven Retreat & Conference Center: YES \_\_\_ NO \_\_\_

**BELOW: PLEASE SPECIFY special needs, and indicate which needs are for which person:**

Diet: (Name) \_\_\_\_\_

Diet: (Name) \_\_\_\_\_

Other: (Name) \_\_\_\_\_

**If not attending the full week, please circle the days you will attend: Sat. Sun. Mon. Tue. Wed. Thurs. Fri.**

**REUNION DIRECTORS: Dennis Carr (410)459-8125, Meredith Carr (443)553-7944  
Peter Smith (989)339-4665, Mark Dixon (813)230-9366**

**REGISTRAR/BUSINESS MANAGERS: Nolan and DeAnn White (863)944-9384  
Email: [drdenniscarr@yahoo.com](mailto:drdenniscarr@yahoo.com) (Dennis) [meredithcrr@yahoo.com](mailto:meredithcrr@yahoo.com) (Meredith)  
[tinman71@tampabay.rr.com](mailto:tinman71@tampabay.rr.com) (Peter) [mdixon1@tampabay.rr.com](mailto:mdixon1@tampabay.rr.com) (Mark)  
[andywhite@tampabay.rr.com](mailto:andywhite@tampabay.rr.com) (Nolan)**

**Cost: \$195/person for the week or \$32.50/person per day for a partial week (\$195 max).**

**Make checks payable to: Florida Mission Center**

**Mail this form and your check to:**

**Nolan White  
7937 Princeton Manor Circle  
Lakeland, FL 33809**

### **Release and Consent**

Please read each of the following Release and Consent Statements and sign this registration form. **Your signature on the front of this registration indicates your consent.**

**Consent to Medical Treatment:** As the Registrant, or if under the age of 18 (19 in Alabama and Nebraska, 21 in Mississippi and Colorado), the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

**Consent to Participate in Event Activities:** As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama and Nebraska, 21 in Mississippi and Colorado), specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here: \_\_\_\_\_

**Waiver and Release of Liability:** In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama and Nebraska, 21 in Mississippi and Colorado), hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death **based upon ordinary negligence**, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

**Photo Release:** In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama and Nebraska, 21 in Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by **Community of Christ** for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

**Event Rules:** Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden.