



2500 Morgan Mill Road  
Brevard, NC 28712  
828-884-6834  
office@kahdalea.com

# THE KINGDOM OF GOD IS AT HAND

## Retreat Application 2018

Friday, Aug 10 - Sunday, Aug 12 ending after breakfast  
Arrival time from 4pm on Friday  
\$120 per person  
Registration Deadline is August 1, 2018

Date: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle Age Preferred name

Address: \_\_\_\_\_  
Street City State Zip

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

E-mail Addresses: \_\_\_\_\_

*...Please let us know as soon as you can if you will miss opening dinner or any breakfasts.*

Payment of \$120 is must accompany the application. If a cancellation request is made prior to July 31st, the amount paid will be refunded minus a \$50 fee. After July 31st there is no refund.

**RELEASE:** While on the premises of CAMP KAHDALIA, the undersigned hereby waives any and all claims for the named parties on this application, and for the heirs or assigns of all of the aforesaid parties, against CAMP KAHDALIA, its successors, assigns, and individual owners and employees, for injury, illness or property damage resulting or which may result from any occurrence or accident. I understand there are inherent risks regarding camp and the activities including but not limited to the following: living in a woodland setting, backpacking, hiking, swimming, sleeping in primitive cabins or shelters, acts of nature, hail, lightning, bee stings, bat, raccoon or other animal contact which might carry rabies, rough trails and steps, and more. Further, I attest that I have read this form and understand its contents and that I am at least eighteen years of age and I am authorized to sign on behalf of all of the members of my party.

**Hold Harmless & Indemnification:** To the extent allowed by law, I the undersigned waive, release, forever discharge and agree to indemnify and hold harmless David & Anne Trufant, Inc. dba Camp Kahdalea & Camp Chosatonga and/or its agents and/or employees and property owners from all rights and claims for damages, injury or loss to person or property which may be sustained or occur on or off the property during my child's stay with camp whether caused by negligence or otherwise.

I am responsible for any medical expenses incurred beyond the scope of the camp infirmary.  
I hereby give my permission to use our images and to publish them without debts or liabilities of any kind.

Signature: \_\_\_\_\_

Please list any friends to whom we might send future retreat or camp information.

Camp Retreats Both

Names \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Camp Retreats Both

Names \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_