Eagle's Wings Retreat Center 2805 Ranch Rd. Burnet, TX 78611

Adult Liability & Photography Release Form

Dear Participant,

Name

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

Participant Information

Birth Date

Ctv/St/Zip	Phone	Cell	
Eman address			
	Consent	ngle's Wings Retreat Center. I rel	
consequence that may arresponsibility as a result	ise in the event of an injury. Furth of medical treatment. I agree to a t Center, Inc. staff and volunteers	abide by all rules and regulations s s. Eagle's Wings Retreat Center v	state vill
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