



Seabeck 2019

August 18 – 24, 2019 Registration

Registration: (please print) Use one form per family

Family Unit:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ What is YOUR T-shirt size _____

Fees-Payment Information: (Please identify a first and second housing choice in the # column)

Fee includes 6 nights, 18 meals and programs	#	Pay in Full	Deferred Payment	# of Campers	Total Price
Salal / Huckleberry Adult Single occupancy Adult Double or Family occupancy 6 th -8 th Grade (housed with parents, includes kayaking) 3 years- 5th Grade (housed with parents)		\$1075 \$765 \$570 \$495	\$1095 \$795 \$585 \$505		
Spruce Adult <i>Single</i> occupancy Adult <i>Double</i> occupancy		\$1030 \$750	\$1060 \$775		
Inn, Inn Annex (Adults only) Annex <i>Single</i> occupancy Inn <i>Single</i> occupancy Inn <i>Double</i> occupancy		\$850 \$940 \$725	\$860 \$955 \$730		
Pines Adult <i>Single</i> occupancy Adult <i>Double</i> occupancy		\$850 \$600	\$860 \$605		
Family Housing (Cedars, Firs, Madrona, Maples) Adult 6 th -8 th Grade (housed with parents, includes kayaking) 3 years-5th Grade (housed with parents) Toddlers, 1-2 years Infants - no organized program		\$605 \$550 \$450 \$165 No Cost	\$605 \$550 \$450 \$165 No Cost		
Teen Housing (Dedicated) Grades 9-12 in Fall & 2018 graduates		\$600	\$600		
Next Thought Group 18-35 years		\$525	\$525		
		Total			

Complete below for any/all additional family members (including Teens):

Name	T-shirt Size	Age (if under 18)	Youth: Grade in coming Fall	Gender



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Room Selections

- I am registering as a Single ____ or Assign me a roommate please _____. (Note: to include as many people who want to attend Seabeck, we will place individual adults in rooms with other campers of the same gender and families in shared housing.) Preferred Roommate: _____
- Do you prefer (check one) _____ "Up Late at Night" roomie _____ "Quiet by ten" roomie
- Are you a light sleeper? () yes () no. A snorer? () yes () no

Other Accommodations:

Meals are served family-style (including poultry, pork and beef). Do you have special dietary needs?

- No Restrictions Vegetarian Vegan Gluten Free Dairy Free

Please list any food allergies: _____

Mobility: Do you or a family member require any accommodations with disability or impaired mobility? (Yes/No) List any other special needs: _____

Payment Information

Payments in Full lock in room placements.

For Deferred Payments:

- **All registrations require a \$200 nonrefundable deposit per person (adults and youth).**
- No registration or room holds without paid deposits.
- Room hold is released if first installment is not paid by due date.
- Registrations after the proposed installment due date must include the appropriate installment payment in addition to the deposit.

Deferred Payment Plan Due Dates:

- \$200 non-refundable deposit due at time of registration
 - 1st payment (1/3 of remaining balance) is due by 3/31/19
 - 2nd payment (additional 1/3 of remaining balance) is due by 5/31/19
 - Final payment due 7/14/19
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Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of participating in Center for Spiritual Living's Seabeck activities (collectively the "Activities") and the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- a) TO WAIVE ALL CLAIMS that they have or may have against the Host, its owners, affiliates, employees, and/or agents arising out of the participants participation in the activities or the use of any equipment provided by the Host ("Equipment"), including while receiving instruction and/or training.
- b) TO ASSUME ALL RISKS OF PARTICIPATING IN THE ACTIVITIES and using the equipment, even those caused by the negligent acts or conduct of the host, its owner, affiliates, operators, employees, agents, and/or officers. The participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the activities and using the equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- c) TO RELEASE the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the participant (or his/her next of kin) may suffer, arising out of his/her participation in the activities and/or use of the equipment, including while receiving instruction and/or training. The participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the host, its owners, affiliates, operators, employees, agents and/or officers, to the fullest extent permitted by law. However, nothing in this agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and
- d) TO INDEMNIFY the host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the participant (or his/her next of kin) may suffer, arising out of participation in the activities, and/or use of equipment, including while receiving instruction or training.

Photography/Video Release

The participant hereby grants to the host, its representatives, and employees the right to take photographs/videos of the participant in connection with participant's participation in the activities. Participants hereby authorizes the host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the host may use such photographs of participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and electronic content.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that Precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's equipment and facilities before any participation.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings.



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If, while participating in the Activities, the Participant and/or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

Medical Release

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other medical services and, to the extent not paid for by my insurance, agree to pay for same for myself or my minor child named below. I agree to indemnify and hold harmless the group leaders and any other representative of the Center for Spiritual Living and the Center for Spiritual Living itself, from all liability arising from this minor's participation in and attendance at Center for Spiritual Living functions including all liabilities arising from injury to myself or named minor.

Binding Arbitration

The Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, hereby agrees to submit any dispute, claim, or controversy, relating to and/or arising from (a) this Release of Liability, Assumption of Risk, Waiver of Claims, Indemnification & Binding Arbitration Agreement, (b) Participant's participation in the Activities, and/or (3) any other interaction between the Participant and the Host, including the determination of the scope or applicability of this agreement to arbitrate, to binding arbitration. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the district in which the Activities occurred. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the State and County where the Activities occurred, and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law. Judgment on the Award may be entered in any court having jurisdiction over the parties and controversy. Participant and the Host specifically intend this Binding Arbitration provision to survive in the event that any other portion of this Agreement is held invalid. NOTICE TO PARTICIPANT: By signing this Agreement, you are giving up your right to commence litigation against the Host in a court of law, and you are giving up your right to a trial by jury.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

By signing this document, I agree to the above listed waivers, releases, statements of responsibility, etc.

Printed Name: _____ **Names of Participants:** _____

Signature: _____ **(Guardian if minor) Date:** _____

Please note: You will need to opt out of photos/videos if you do not want your picture taken for CSL publicity use.

Emergency Contact:

Name: _____ **Relationship:** _____

Phone: _____ **Alt. Phone:** _____