



Gravatt Camp and Conference Center Program Registration

Program for which I am registering _____ Date of program _____

Participant's Name _____ Preferred Name _____

Mailing Address _____

Street _____ City _____ State _____ Zip _____

Telephone Numbers (Home) _____ (Work) _____ (Cell) _____

Email Address _____ Gender _____ Roommate Request _____

____ If applicable, check here to request a single room (limited availability and extra fee apply).

Health Concerns, Diet Restrictions, or Other Accommodations Needed _____

Emergency Contact Name _____ Telephone _____ Relationship _____

Program fees are listed on the program description flyer and our website. Add \$10 for registration being returned less than two weeks before a program is to begin. Please call us if you have questions about registration fees. Make checks payable to "Gravatt."

By registering for the above program and by my signature below, I indicate that I fully understand that all activities inherently carry risk. I waive and release the Bishop Gravatt Center, Inc., and all officers, directors, employees, staff and volunteers, and all related entities, from liability of any kind related to the my attendance and participation in the above program, be it in contract, tort, or other legal theory. I understand that this waiver and release is meant to be binding and comprehensive, and to include all claims of any nature whatsoever arising as a result of attendance at the Bishop Gravatt Center. I understand this waiver and release will apply equally to all potential claims regardless of whether negligence, gross negligence, or willfulness is claimed. I understand that this waiver and release is a condition participation in the program.

I authorize the Bishop Gravatt Center to provide or authorize any transportation or emergency medical treatment to me if any should be necessary. I understand the risks inherent in such transportation and treatment and intend the above waiver to apply equally to such transportation and treatment.

I also release the Bishop Gravatt Center to create—via still photo, video, audio, or other methods—likenesses of myself for use as promotional material to be used by the Bishop Gravatt Center and its agents. I understand these recordings may be edited at the discretion of the Bishop Gravatt Center and may be published in promotional videos, brochures, websites, newspapers, and other media. I hereby waive all rights to compensation for the use of these recordings.

Participant Signature _____ Date _____

Program fee _____
Late fee _____ (if applicable)
Single occupancy fee _____ (if applicable)
Massage Fee _____ (if applicable)
Tax deductible donation _____ (optional)
Total enclosed _____

Credit Card Information	
<input type="checkbox"/> Visa	<input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> AmEx
Card#	_____
Exp Date	_____ CVV _____ Billing Zip _____
Name on Card	_____
Amount to charge	_____
Approval Signature	_____

Paying by check credit card (complete box at right)

Mail or fax this form to
Gravatt Camp and Conference Center
1006 Camp Gravatt Road
Aiken, South Carolina 29805
803.648.7453 (fax) 803.648.1817 (phone)