

The Center for Regenerative Society
Iona Retreat Registration
July 12-19, 2014

Name: _____ Date: _____

Phone(s): _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name and location of your congregation: _____

Registration Process

Please fill out, sign, and return by May 31:

1. Iona Retreat Application
2. Questionnaire
3. Liability Release Form
4. Your registration payment of \$1300

Checks Payable to: "CRS, a Diocese of Iowa Project"

Mail to:

Center for Regenerative Society
c/o Rev. Benjamin S. Webb
511 W. 12th St.
Cedar Falls, IA 50613

Retreat Cost

\$1300 for tuition, room, and board (not including your transportation to and from Iona. See Travel Info document)

Refunds and cancellations

If you cancel your participation by June 15, any refund will depend on whether we are able to find someone else to fill your place.

We advise you to purchase trip cancellation insurance.

While we do not have any personal experience with any particular agency, you may want to start with Travel Guard. www.travelguard.com

I have read the program description and understand that:

I am responsible for all my travel arrangements to and from Iona (approximately 2 days from US to Scotland, and 1 full day to return)

While staying at Bishop's House during our retreat, I understand that I will be sharing a bathroom and possibly a bedroom with other participants, and helping set and clear our meal tables.

I will need to be able to walk daily over uneven terrain as part of the experience (as much as a mile or more), and understand that we will often be outside regardless of weather conditions.

I understand that in case of unexpected illness or emergency there is no immediate medical help available on Iona (Island health care professionals provide assistance and arrange medical help).

Signature: _____

Please print and return to the address above.

2-Page Questionnaire

How did you hear about the Iona retreat?

Why do you wish to participate at this point in your life? Why Iona?

What intrigues you most about Celtic Christianity and the retreat themes?

What particular gifts, knowledge, or experience do you bring to the themes of this retreat?

In your life and leadership these days, are there any particular questions you are currently holding which you hope to explore in this retreat?

What Celtic resources are you already using in your congregation or personal practice?

Most of our retreatants will need to share a room with someone else in historic Bishop's House. Is there anything that prevents you from doing so?

Do you have any health or mobility conditions or special dietary needs you hope can be accommodated?

Any other comments/questions you'd like to share with us?

The Center for Regenerative Society

Release From Liability

In return for receiving permission from The Center for Regenerative Society (“the Center”) to participate in the Iona Retreat, I agree as follows:

1. I fully realize that by participating in this activity, I voluntarily assume all risks associated with my participation.
2. I realize that my participation in this retreat may require some strenuous physical activity. I am in good health and am not aware of any physical or medical condition that might endanger me or other participants in this activity.
3. Acting for myself and my heirs, executors, administrators, personal representatives and assigns, I forever release and discharge the Center and its agents, officers, directors, and successors or assigns of each, from any and all claims, losses, damages, costs, expenses and other liabilities (including, without limitation, reasonable attorney’s fees), collectively referred to below as “claims, whether known or unknown, foreseen or unforeseen, relating to property damage or the death, injury, pain or mental trauma of myself, or any other person, and resulting, directly or indirectly, from my participation in this activity or travel to or from the site of this activity, except as results from the sole negligence of the Center.
4. Without limiting the above, I agree not to sue the Center for any such claims, to waive any such claims that I may have at any time against the Center, and to indemnify and defend the Center against, and hold the Center harmless from, any claims resulting from my action or omissions during this activity.

I have carefully read this Release From Liability and fully understand all of its contents and legal effect. I agree that this Release From Liability is contractually binding, and I sign it voluntarily.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____