

Women's Fall Retreat

October 12-14, 2018
Artesian Lakes Resort

Take a weekend away from the distractions of this world. Enjoy the fall color and the beauty of clear spring-fed waters at Artesian Lakes Resort while spending a weekend filled with spiritual renewal, personal reflection, and mission-based activities.

The Retreat at Artesian Lakes (formerly Chain – O – Lakes Resort & Conference Center) is a uniquely designed, nature-focused facility with authentic log cabins located on the edge of the Texas Big Thicket National Preserve, about one hour north of Houston.

Our featured speaker will be our own Rev. Ann Spears who will bring us lessons on Faces of Faith. In addition to our time together, there will be time for individual prayer and reflection. You want to make sure to reserve your space for this special retreat as enrollment is limited to forty participants.

There are a few important reminders:

- **Facilities are NOT ADA accessible, however, first floor lodging can be arranged.** Most rooms are double occupancy (two queens) though single may be requested (**not guaranteed**) and bath is shared.
- All meals on Saturday and Sunday breakfast are included. No special diets are accommodated, but you may keep groceries in your cabins.
- The Friday night meal is not included. The Retreat at Artesian Lakes is also home to Hilltop Restaurant and Herb Garden, a famous East Texas landmark founded by renowned herbalist and cook, Madalene Hill. Hilltop's exquisite cuisine is based on the herbs grown in the adjacent garden. You may want to call for reservations for their famous Friday night seafood buffet and/or Sunday brunch.
- **A deposit of \$100 is due when registering. The remaining balance of \$140 will be due by September 1, 2018.**
- *If you would like to donate toward a scholarship contact Ruthie Estes at restes@fmhouston.com.*

2018 Women's Retreat Registration Form
Artesian Lakes Resort
October 12-14, 2018

Please return the completed forms to Ruthie Estes, restes@fmhouston.com or Susie Horr, shorr@fmhouston.com.

Event Information

I would like to attend _____ on _____
Event Name Date

Personal Information

Name: _____
Last First Middle Initial:

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address (print clearly): _____

Birth Date (Month/Day/Year): _____

Church Campus you regularly attend: _____

Liability Release

I, _____, would like to attend the event stated above. I will not hold First Methodist Houston, its representatives or volunteers responsible for any injury that I could incur while on this trip.

Signature

Date

FIRST METHODIST HOUSTON

MEDICAL INFORMATION

THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY. USE BLACK INK.

Full Name

Home Phone

Cell Phone (if applicable)

Home Address

City

Zip

Email

Date of Birth

Doctor /Clinic Name

Phone

HEALTH STORY: (CHECK THOSE THAT APPLY)

ALLERGIES: Animals Food Insect stings Medicine/drugs Plants Pollen Other

If any checked please explain: _____

SHOT RECORD: Hepatitis A Hepatitis B Tetanus Shot

CHRONIC OR RECURRING ILLNESS:

Ear infections Contact lens wearer Heart defect/disease Seizures Bleeding disorder

Asthma Diabetes Other (specify) _____

IN THE LAST YEAR: (ANSWER YES OR NO)

Complicated medical problems/operations? Serious injury/illness requiring medical care?

Please explain: _____

HOSPITAL INSURANCE INFORMATION: * Please attach photocopy of insurance card

Name of Carrier

Policy Number

Group Number

Insured's Name

Company Name (if insured through employer)

EMERGENCY CONTACT(S):

Name	Day Phone	Evening Phone	Relationship
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Name	Day Phone	Evening Phone	Relationship
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AGREEMENT

I knowingly release, absolve, AND HOLD HARMLESS First Methodist Houston, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from my participation in activities at or sponsored by First Methodist Houston, and travel or lodging associated therewith.

In the event that I am injured while in the care of First Methodist Houston and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without my consent, I hereby authorize the representatives of First Methodist Houston to give consent for me if the emergency contacts listed cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as First Methodist Houston, free and harmless and agree to INDEMNIFY such person, as well as First Methodist Houston, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Signature

Date