IVCF's Fall Conference will be held from Friday, October 24th until Sunday, October 26th at Camp Hammer in the Santa Cruz Mountains.

**general info**

"How do you know that you are loved?"

During this conference we will be asking this question and focusing on **being rooted and established in love** (from Ephesians 3). We hope it will be a time when people really get rooted in being deeply loved by God.

**what to bring**

during your time with us, you'll need:

**sleeping bag and pillow**

**toiletries and towels (for showering)**

**warm jacket and athletic clothes**

(it’ll be really cold!)

**bible, pens, and journal/notebook**

IVCF stanford
fall con 2003

Intervarsity Christian Fellowship at Stanford's  

Fall Conference  

October 24-26th  

Camp Hammer  

Santa Cruz Mountains  

Speakers: Jen and Kevin Blue
join us!

name ______________________
campus phone # ________________
email ________________________
SUID # ________________ M or F

transportation

We will be driving together down to Santa Cruz on Friday afternoon. We will meet in the Stern Parking lot, promptly at 3:00 pm. (We will return Sunday in the early afternoon).

if you can drive, please...

___ check here

___ number of seatbelts in your car (including the driver's)

payment

The cost of the retreat is $90. This includes lodging, transportation and food. Make checks payable to IVCF at Stanford.

For scholarship info, please contact your bible study leader.

please return this flyer and your payment to an IV staff member or your bible study leader by

Friday, October 17, 2003

individual release

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release InterVarsity Christian Fellowship/USA (hereafter InterVarsity), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse InterVarsity, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.

2. I give permission to InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.

3. I give permission to InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge InterVarsity, its trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

4. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.

5. If I am under age 18 (if you are, please check here ___), I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release.

6. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries (complete text of the Rules is available at www.HisPeace.org). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. I understand that these methods shall be the sole remedy for any controversy or claim arising out of this release and expressly waive my right to file a lawsuit in any civil court against InterVarsity for such disputes, except to enforce an arbitration decision. I certify that I am competent to sign this Release, and have done so voluntarily.

allergies or medical conditions staff should be aware of to avoid problem and to assure proper emergency action

_______________________________ none [ ]

names of any medications being taken or have been taken in past month

_______________________________ none [ ]

food restrictions that staff should be aware of to avoid problems

_______________________________