

**TRIBUTARY RETREAT & TRAINING CENTER, INC.  
HEALTH AND SAFETY PLAN**

**ACCEPTANCE FORM**

I am a guest of Tributary Retreat & Training Center, Inc. in Searcy County, Arkansas.

I acknowledge that I have been presented with the Tributary Retreat & Training Center, Inc. Health and Safety Plan. I have read and understand the policy. I agree to comply with the provisions of the Health and Safety Plan and will conduct myself in a safe manner at all times.

Printed Name: \_\_\_\_\_

Signature of Guest/Volunteer: \_\_\_\_\_

Date Signed: \_\_\_\_\_