



Hmong Lutheran Women in Mission LCMS
 674 Johnson Parkway Saint Paul, MN 55106
 651-361-0205

Registration form
 HLWM RETREAT MAY 20-22, 2016

No:	Name	Phone	T-Shirt Size:
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12			
Church Name:		Phone:	
Address:			
City:		State:	Zip code:
Pastor Name:		Phone:	
President of the women group:		Phone:	Email address:
Special Accommodation:			

All retreat participants must complete this registration form. Feel free to attach another form if needed. Deadline for registration will be on April 1st 2016. Please send all completed registration forms to:

Maisie Vang
 690 Thomas Avenue #3
 St. Paul, Minnesota 55104

ACKNOWLEDGMENT AND RELEASE

I understand that to become a Participant, at the Hmong Lutheran Women in Mission LCMS requires me to acknowledge and agree that the Hmong Lutheran Women in Mission LCMS assumes no, and disclaims all, responsibility for my safety and well-being while acting as a Participant. In consideration of the Hmong Lutheran Women in Mission LCMS permitting me to be a Participant:

- (a) I acknowledge that the information set forth above is complete and accurate;
- (b) I acknowledge and agree that the Hmong Lutheran Women in Mission LCMS is an auxiliary agency of The Hmong Mission Society and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;
- (c) I release the Hmong Lutheran Women in Mission LCMS, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and
- (d) I consent to any medical treatment that the Hmong Lutheran Women in Mission LCMS (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.

- 1. SIGNATURE: _____ DATE: _____
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