



Hmong Lutheran Women in Mission LCMS
 784 Jackson St, St Paul MN. 55117
 651-367-4187

www.hmonglutheranwomeninmission.com

Registration form

HLWM Retreat September 20TH - 22ND, 2019

No:	Name	Phone	Guest	T-Shirt Size:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Church's Name:		Phone:		
Address:				
City:		State:		Zip code:
Pastor's Name:		Phone:		
President of the women group:		Phone:		Email address:

All retreat participants must complete this registration form. Feel free to attach another form if needed. Deadline for registration will be on September 1st 2019. Please send all completed registration form 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: _____
2. SIGNATURE: _____	DATE: _____
3. SIGNATURE: _____	DATE: _____
4. SIGNATURE: _____	DATE: _____
5. SIGNATURE: _____	DATE: _____
6. SIGNATURE: _____	DATE: _____
7. SIGNATURE: _____	DATE: _____
8. SIGNATURE: _____	DATE: _____
9. SIGNATURE: _____	DATE: _____
10. SIGNATURE: _____	DATE: _____
11. SIGNATURE: _____	DATE: _____
12. SIGNATURE: _____	DATE: _____