



2012 Quilting Retreat

March 2-4, 2012

REGISTRATION FORM

Last Name _____ First Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone _____ Church you attend, and city _____

Email Address: _____ (for confirmation information)

Please house me with or near _____

Note: We will do our best to accommodate housing requests. Housing assignments are made to maximize experience and usage of space. Housing is at the discretion of the Registrar.

Full payment (\$125) is due with the registration form. Cancellations made on or before February 15, 2012 will be refunded all but \$30. No refund for cancellations made after that date.

INDICATE PAYMENT HERE (check preferred by camp!!)

Check # _____ enclosed for \$ _____

Charge Amount to charge \$ _____ Visa MasterCard Discover

Card # _____ Exp Date ____/____ Security Code _____

Signature _____

Acknowledgement of Risk, Medical and Media Release

I have chosen to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, swimming, the blob, skateboarding and roller blading, climbing the ice tower or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in both physical or emotional injury, paralysis, death or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. In consideration of my family's participation in Shamineau Ministries programs and activities, I hereby release and discharge, indemnify and hold harmless Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from my own or my family members' participation in Shamineau Ministries activities. In the event of an illness, injury or emergency, I hereby authorize Shamineau Ministries staff to secure proper medical treatment for myself or my family members including transportation and hospitalization, if necessary. I authorize Shamineau Ministries to use photos or videos taken of myself or my family members at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.

(Signature of attendee)

(Date)

Camp Shamineau P.O. Box 244, Motley, MN 56466

#218-575-2240

Fax #218-575-2371