



2012 Women's Horse Weekend Retreat
September 28-30 2012
REGISTRATION FORM

Last Name _____ First Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____ (for confirmation information)

Church you attend and city: _____

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.

Retreat:	
Adults (ages 16 & up):	\$135 = _____
TOTAL=	_____

Full payment is due with the registration form. Cancellations made on or before September 15 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 # _____

Signature _____

Name and address of cardholder, if different than above: _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Shamaineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamaineau 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 Shamaineau 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 Shamaineau Ministries programs and activities, I hereby release and discharge, indemnify and hold harmless Shamaineau 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 Shamaineau Ministries activities. In the event of an illness, injury or emergency, I hereby authorize Shamaineau Ministries staff to secure proper medical treatment for myself or my family members including transportation and hospitalization, if necessary. I authorize Shamaineau Ministries to use photos or videos taken of myself or my family members at camp for Shamaineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations

Signature _____

Date _____

Camp Shamaineau P.O. Box 244, Motley, MN 56466 #218-575-2240 Fax #218-575-2371