

**WARRIOR'S HEART BOOT CAMP REGISTRATION**  
**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Group Name (if coming with others) \_\_\_\_\_

Roommate Request (if you've a friend you'd like in your cabin) \_\_\_\_\_

I am interested in horseback riding on Friday and/or Saturday afternoon.

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**EMERGENCY INFORMATION**

**Spouse/First Emergency Contact**

\_\_\_\_\_ Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Second Emergency Contact**

\_\_\_\_\_ Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name of Physician** \_\_\_\_\_

Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

**Deliver or Mail Registration  
and a \$99.00 check made out  
to:  
Midland Missionary Church  
479 S Eleven Mile Rd.  
Midland, MI 48640**

**Office Use Only**

Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Approved: \_\_\_\_\_

**RELEASE, WAIVER, AND ASSUMPTION OF RISK**

This is a legally binding release, waiver, and assumption of risk made by me, the undersigned, to Midland Missionary Church and Mancelona Camp (hereinafter, Midland Missionary Church and Mancelona Camp may jointly be referred to as the "Organizations"). I wish for myself to be able to utilize the facilities located at 6518 S. M-66 Hwy. Mancelona, MI 49659, as well as any off-site facilities where a particular activity is conducted (the "Facilities") during the retreat sponsored by Midland Missionary Church commencing on 5/17/18 and ending on 5/20/18, as well as to participate in any activities sponsored, organized, or recommended by the Organizations during such period (the "Activities"), and I hereby agree as follows:

I acknowledge and understand that there are certain dangers and risks to which I may be exposed by utilizing the Facilities or participating in the Activities, including the risk of serious physical injury, temporary or permanent disability, and death, as well as severe social and economic loss. The risks may arise not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the Facilities or of any equipment used. I also acknowledge and understand that there may be other risks not presently known or reasonably foreseeable.

I understand that that I am not required to participate in any Activities or to utilize the Facilities, but that I freely choose to do so, despite the possible dangers and risks and despite this release, waiver, and assumption of risk. I hereby assume all risks from my participation in the Activities and utilization of the Facilities.

In partial consideration (in addition to monies paid to the Organizations for the opportunity to participate in the Activities and utilize the Facilities) of the opportunity to participate in the Activities and to utilize the Facilities, and/or to receive assistance, training, guidance and/or instruction from the personnel of the Organizations, I agree, on behalf of my family, heirs, and personal representative(s), to assume all risks and responsibilities surrounding my participation in the Activities and utilization of the Facilities. To the maximum extent permitted by law, I release and indemnify the Organizations, and their respective trustees, officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability or injury to person or property that I may suffer, or for which I may be liable to any other person, that may or does arise out of my participation in the Activities and my utilization of the Facilities.

I acknowledge that prior to signing this release, waiver, and assumption of risk, I have had an adequate opportunity to read and understand it, and any questions I have had have been answered to my satisfaction.

By signing this form, I agree to use my best judgment in participating in the Activities and utilizing the Facilities, and to faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. In the event of any serious physical injury, temporary or permanent disability, or death, I hereby grant permission to the Organizations to contact one or more of the individuals listed on the attached Personal and Emergency Information sheet.

Signature \_\_\_\_\_ Dated: \_\_\_\_\_, 2018

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