



# Summer Gathering Registration Form

Headwaters Mission Center Gathering Ministries Event



Event Year \_\_\_\_\_

This Year's Summer Gathering (Reunion) will be held at  
The Association Retreat Center

## Contact Information

Main Contact (must be over 18yrs old): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Members of your Group/Family

First Name	Last Name	17 and Under		Check Days Attending
		Age	Grade	
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
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				All S Su M T W Th F
				All S Su M T W Th F

## Lodging Information

(Note: There are enough accommodations for everyone! So you won't need to haul a camper trailer to stay in, however, if you prefer to camp there are limited camping sites available for use)

Association Retreat Center accommodations  I need handicap accessible accommodations

Bringing own (there are limited camping sites available)

Motorhome/large-trailer

Pop-up style trailer

Tent

## Release and Consent

Please read each of the following Release and Consent Statements before signing below.

### Photo Release

In consideration of the right to participate in this event, I/We give consent to and authorize the taking of photographs or videotapes in which the applicant(s) may appear. I/We waive all right of privacy in and to any said photographs or videotapes.

### Liability Release

I/We have read the information on this form and filled in the requested information to the best of my/our knowledge. I understand that it is my responsibility to inform the Headwaters Mission Center if this information changes. I hereby release the Headwaters Mission Center from any liability as a result of my/our participation in programs sponsored by the Headwaters Mission Center.

**Either parents or guardian must sign. If parents are separated or divorced, the custodial parent must sign. \*\*Only applicant must sign if 21 years of age or older. I/we have read and consent to the releases specified in this registration form**

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_