



**Registration Information**

Church or Group Name: \_\_\_\_\_

Event:  Weekend Retreat       Course      Event Date: \_\_\_\_\_  
 Expedition                       Youth Day

Head of Household's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail \_\_\_\_\_

Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail \_\_\_\_\_

Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Phone:       Cell       Home       Work      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone:       Cell       Home       Work      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_



**Immediate Family Members:**

Child Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Notes – Medical or Dietary Concerns:

\_\_\_\_\_

Child Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Notes – Medical or Dietary Concerns:

\_\_\_\_\_

\*Depending on the type of diet required, participants may need to supplement the meals provided by our dining hall by bringing personal food items that can be stored and prepared during your stay here. Please communicate with us in advance by email (wayumi@ntm.org) or by calling our office (570-398-0639).



Adult's Name: \_\_\_\_\_

**MEDICAL RELEASE**

Must be completed for all Wayumi Participants!

In case of emergency, I hereby give my permission to the physician chosen by Ethnos360's staff to hospitalize and/or secure proper treatment for, and order injections, or anesthesia, or surgery for myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY**

Must be completed for all Wayumi Participants!

Although Ethnos360 desires to provide a safe and enjoyable time for all persons that come onto its property and make use of its facilities, I understand that there are risks/dangers involved with participation in such associated activities. Some risks that may result in participating could include but not be limited to: pain or bruising, possible injury from sliding or falling, sprains or injury from running over uneven ground, possible eye, nose or ear injury. In consideration of my being allowed to participate in such events at the property of Ethnos360, I assume the entire responsibility and liability for any and all injury of any kind or nature, whatever and assume reasonable risks associated with such activities. I agree to hold harmless Ethnos360, its affiliated organizations, employees, agents, and representatives, from any and all claims arising from my participation.

I agree to indemnify and save harmless Ethnos360, its officers, agents and employees from any and all such claims, loss, expense, legal fees, that Ethnos360 may suffer or sustain as a result of any claim that might be made against it and I do further hereby assume the defense of any action at law or in equity which may be brought against Ethnos360 as a result of my participation. Also, for promotional purposes, Ethnos360 has my permission to use pictures or videos that happen to include me.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness