

HMCA Retreat Registration

Howell's Mill Christian Assembly
Rt. 2 Box 118,
Ona, WV 25545
Office: 1-304-743-4332
Web: www.howellsmill.org

Event: _____ Dates: _____
Last Name _____ First Name _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Church Name: _____ Birthday: _____
Phone: _____ Cell Phone: _____
Email: _____

***All fees are non-refundable and non-transferable.**

***Send registration form and check to HMCA by the early registration dates to get best price and guarantee availability!!**

Cut Here-----

Risk of Injury – Waiver of Liability

I understand that Howell's Mill Christian Assembly carries limited insurance coverage for its camp staff and programs. I am covered for any and all personal injury and/or property damage incurred while using the facilities of HMCA by a separate insurance policy. If any injury occurs during a camp event, my insurance will be my primary coverage.

In consideration of the acceptance of the application, I release any and all claims I have or may have against Howell's Mill Christian Assembly, its directors, officers, employees, and agents, including any and all claims against the above for damages or injuries arising directly or indirectly out of our participation in camp activities. I hereby assume all risks of personal injury, death, or property damage, or loss from whatever cause resulting from my negligence while using the facilities of Howell's Mill. Any pictures or media taken of my child during an HMCA Program may be used to promote your ministry.

Parent Signature: _____

Date Signed: _____