

MS Assemblies of God Girl's Ministries Dept. PO Box 720309, Byram, MS 39272

Leader Name Church Name		
Known Allergies / Medical Conditions:		
Address		
City		
Phone Number	Email Address	
Emergency Contact: Name		
	stration Selection	
□ \$70 Earl	ly Bird (before May 10)	
	e de vel De eletretie e (efter Me	

□ \$75 Standard Registration (after May 10)

(Make checks payable to: Girl's Ministries. Registration is Non-Refundable but is transferable.)

By submitting this form, I agree that the Mississippi District Girl's Ministries, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to me and/or anyone claiming on my behalf, and I further agree to hold harmless, indemnify and defend the Mississippi District Girl's Ministries, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my attendance and participation at Mississippi District Girl's Ministries, whether such injury, illness, or damage occurs on or off the event site. I certify that photographs or video of me participating in the Mississippi District Girl's Ministries programs may be reproduced and utilized for promotional materials for the event. I am at least eighteen (18) years of age, and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

Signature