

# Hmong Mission Society LCMS

Hmong Ministry Conference

August 1 - 4, 2019

Conference will be held at:

674 Johnson Parkway, St. Paul, MN 55106

## Registration Form

Church: \_\_\_\_\_

All conference participants must complete a registration form. Incomplete registrations will be returned and will delay individual or group confirmation to the Conference.

**Please print legibly or type. (Check One)** \_\_\_\_\_ **Adult**      \_\_\_\_\_ **Youth**

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
Email \_\_\_\_\_

If any child will be attending the conference, please list name and age of Child (ren) below. \_\_\_\_\_  
\_\_\_\_\_

Grade: \_\_\_\_\_

College: \_\_\_\_\_

Graduate: Yes or No

Degree: \_\_\_\_\_

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), Relationship): \_\_\_\_\_

Health Insurance Carrier/Policy Number: \_\_\_\_\_  
\_\_\_\_\_

Allergies and Other Known Health Risks/Problems: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

**ACKNOWLEDGMENT AND RELEASE**

**I understand that to become a Participant, at the LCMS Hmong Ministry Conference requires me to acknowledge and agree that the LCMS Hmong Ministry Conference assumes no, and disclaims all, responsibility for my safety and well-being while acting as a Participant. In consideration of the LCMS Hmong Ministry Conference permitting me to be a Participant:**

(a) I acknowledge that the information set forth above is complete and accurate;

(b) I acknowledge and agree that the LCMS Hmong Ministry Conference is an auxiliary agency of The Hmong Mission Society and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;

(c) I release the LCMS Hmong Ministry Conference, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and

(d) I consent to any medical treatment that the LCMS Hmong Ministry Conference (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

(If under 18 years of age)

**Deadline for registration is July 20, 2019.**

**Send ALL Registration Forms and Make Check Payable to:  
LCMS Hmong Ministry Conference  
Attention: Rev. Johnny Vang  
5316 76th PL N  
Brooklyn Park, MN**