

# 2010 Men & Muskies Weekend

Friday, September 24 thru Sunday, September 26

## REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Church you attend, and city \_\_\_\_\_

### \$10 Discounts

- Early Registration (postmarked/received before September 1, 2010)
- Bring Your Own Boat (and willing to be paired with a non-boat attender.)  
Please team me with \_\_\_\_\_
- Lakewood Free Church Attender

Registration Fee = \$115

Minus Discounts \_\_\_ x \$10 = \_\_\_\_\_

Total Due = \_\_\_\_\_

Full payment is due with registration. Cancellations made on or before September 12, 2009 will be refunded all but \$25.00 per person. No refund for cancellations made after that date. For financial assistance and payment plan options, please contact us.

### Payment Information

Check # \_\_\_\_\_ Enclosed for \$ \_\_\_\_\_

### Acknowledgement of Risk, Medical and Media Release

*We have chosen to attend Camp Shamineau/Lakewood in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Camp Shamineau/Lakewood (including but not limited to swimming, rock climbing, hiking, low ropes course elements, sauna, archery, canoe trips, rope swing, (riflery, etc.) entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Camp Shamineau/Lakewood, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Camp Shamineau/Lakewood staff to secure medical treatment for myself or my family members if necessary. I further authorize the camp to use photos or videos taken of myself or my family at camp for Lakewood or Shamineau Ministries promotional purposes. At no time will camp photos/videos be used by unrelated organizations.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please complete form and mail with FULL payment to:**

**Lakewood Muskies . 6284 Fairview Road . Baxter, MN 56425 . Phone #218-829-7251 Fax #218-829-0157**