

IMPS Philadelphia Day-Trip 2008 Registration Form

Name: (Mr. Ms. Dr.) _____ Male/Female: _____
(circle the proper title) (circle the name you would like to be called)

Local Address _____ Office/Lab Address: _____

Home Phone: _____ Office/Lab Phone: _____

Age: _____ Email: _____

Are you: (check one) Visiting Scholar Grad Student (For PhD? Y/ N)
 Intensive English Undergrad Student

Major/Field of Specialization: _____ Home Country: _____

In case of emergency, contact: _____ Phone: (____) _____

List any medical issues, special needs or other items of concern: _____

Please read and sign:

In consideration for being allowed to participate in this activity, I personally assume responsibility for my actions (and my accompanying family members), and release the staff and agents of International Ministries and associated organizations from responsibility for any loss, injury, or damage to myself, my family or my property, provided such persons shall act with reasonable care for the safety of me, my family and my property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service.

Signature: _____ Date: _____