

# **Christ Nation 314 Ministries**

## REGISTRATION FORM

Please complete all sections.

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## LIABILITY WAIVER

I, the undersigned, understand that I am fully responsible for any and all liabilities caused by, or concerning me, during this event. I further agree that I understand that Christ Nation 314 Ministries and Affiliates shall not be held liable in any event or under any circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

