



Widow's Trip Registration And Release Form  
*NewLife FM* and *Life Radio Ministries, Inc.*

**Participant Information**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Enclosed Check \_\_\_\_\_ Credit Card (Please fill out below)

**Credit Card Information** (only if paying by Credit Card)

Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

**Release of Liability**

I agree to not hold **NewLife FM** or **Life Radio Ministries, Inc.**, liable for any injuries, accidents, or illnesses incurred by me while participating on the Widow's Trip to/from Callaway Gardens.

Print Full Name: \_\_\_\_\_

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

*Please return this form with your payment to NewLife FM. Registration and non-refundable payment of \$25.00 must be received by March 31, 2017. Seating is limited with no guarantee of availability. Payment will be refunded only if no seats are available. Thank you for participating!*

**NewLife FM** – 100 South Hill Street, Suite 100, Griffin, GA 30223  
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Email: jen@newlife.fm