

FULL	MR	MMR	MHH
		SMR	SHH



WLS Registration

June 30 - July 5, 2022

Send To:
On Eagles' Wings®
 P.O. Box 400 Harrison, AR 72602
 or Fax to: 870-741-3400

To secure your spot, please register as early as possible.
 WLS is for Native American and First Nations young people ages 15-30.

DEADLINE & PRICE: BEFORE June 1 = \$30 AFTER June 1 (including On Site) = \$40
 Please do not mail paperwork or payment after June 15, 2022.

Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Current age: _____ Birth date: Month _____ Day _____ Year _____ Circle one: male female

Reservation / Reserve: _____ Tribe / Nation: _____

How are you getting to Warrior Leadership Summit? ☐ Travel on own ☐ Travel with group

If you are coming with a group, who is your group leader?

Group leader name: _____

In the event of an emergency, we will contact your Emergency Contact #1 first. Please provide one additional Emergency Contact:

Emergency Contact #1 Name: _____ Relationship to you: _____

Primary phone: _____ Secondary phone: _____

Emergency Contact #2 Name: _____ Relationship to you: _____

Primary phone: _____ Secondary phone: _____

To be FULLY REGISTERED, please send -

- ☐ This completed and signed Registration Form
- ☐ The Medical Release Form and Hold Harmless (if under 18, must be signed by a parent/guardian) .
- ☐ Registration Fees **To pay by credit card call us @ 870-741-3300**

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MEDICAL RELEASE FORM

By completing the attached medical release form, I hereby authorize Ron Hutchcraft Ministries, Inc. or any other designated adult personnel to obtain medical treatment for my (son/daughter) in the case of illness or injury. This agreement includes, but is not limited to, local medical treatment, prescription medication and over-the-counter medications. I understand that Ron Hutchcraft Ministries, Inc. staff, representatives or any other associated personnel shall not be held liable for any medical costs arising from treatment of my (son/daughter).

I hereby agree to hold Ron Hutchcraft Ministries, Inc. staff, representatives or any other associated personnel, harmless from any personal liability to my (son/daughter) arising from personal injury or loss of property.

I further state that I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS CONTAINED AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

*Information provided on this form will be kept in confidence and available only to staff personnel who may need it to get treatment for the attendee. Please use the back of this page if more space is needed.

Patient's Name: _____ Sex: M / F Date of Birth: _____

Name of Health Insurance Company or IHS: _____ Policy #: _____

Family Doctor: _____ Dr. Phone #: _____

Dr. Address: _____

Medical History: _____

Allergies to Medication: _____ Approximate date of last tetanus shot: _____

Other Allergies (food, environment, etc.): _____

Any known tendency to (circle all that apply): *Asthma* *Diabetes* *Epileptic Convulsions* *Hay Fever*
Seizures *High Blood Pressure* *Other* _____

Other recent illnesses or accidents, dates and current status: _____

Will you need any prescription medication(s)? Yes No Name of medication(s): _____

****NOTE: ALL PRESCRIPTION MEDICATION MUST BE IN ORIGINAL PACKAGING (bottle, etc.). NURSE MUST BE SHOWN ALL PRESCRIPTION MEDICATION IMMEDIATELY UPON ARRIVAL TO VERIFY. IF 18 OR YOUNGER, ALL PRESCRIPTION MEDICATION WILL BE CHECKED IN AND DISPERSED BY THE HEALTH CARE TECHNICIANS.**

COVID-19 Information – In case of symptoms, this will be used to determine necessary treatment:

Have you received a positive COVID-19 test in the past six months? ___ Yes ___ No If yes, when? _____

Have you received the COVID-19 vaccine? ___ Yes ___ No If yes, when? _____

Attendee's Name (Print): _____ Attendee's Signature: _____

*****IF ATTENDEE IS UNDER 18 YEARS OLD, A PARENT/LEGAL GUARDIAN MUST SIGN. IF ATTENDEE IS 18 YEARS OR OLDER, THE ATTENDEE CAN SIGN.**

Parent/Guardian (Print): _____ Parent/Guardian Signature: _____

Date: _____ Emergency Phone #: _____

Please make sure that your (son/daughter) has the necessary paperwork or card for IHS or other health insurance coverage while attending Warrior Leadership Summit and/or On Eagles' Wings® "Summer of Hope".

RHM, Inc./ON EAGLES' WINGS®

PO BOX 400 * HARRISON, AR 72602

facebook.com/warriorleadershipsummit

http://oneagleswings.com/wls

Phone: 870-741-3300 Email: info@oneagleswings.com

Hold Harmless and Photo Release Agreement

2022 Warrior Leadership Summit 2022 On Eagles' Wings Team (where applicable)

By participating in programs, services and activities of our Organization and its affiliates, you agree to the following:

I hereby release, covenant not to sue, discharge and hold harmless Ron Hutchcraft Ministries, Inc., its employees, agents, representatives and subsidiaries, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to any participation in our programs, services or activities.

I understand that reasonable preventative measures will be put in place to reduce the spread of COVID-19, but avoiding possible exposure or possible infection cannot be guaranteed for this attendee. I agree that this release includes any claims based on the actions, omissions or negligence of this organization, its employees, agents, representatives and subsidiaries, related to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any hosted or programmed event by this organization.

I further grant to Ron Hutchcraft Ministries, Inc., its successors and assigns, the right to use my name and likeness and publish photographs and video of myself for training materials, editorial, advertising and any other purpose in connection with the Programs in any and all manner and media throughout the world in perpetuity. I expressly release RHM, its agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of such photographs and video.

I further state that I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS CONTAINED AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

Name: _____
(please print)

Signature (if over 18 years old): _____

*****IF ATTENDEE IS 18 YEARS OR OLDER, THE ATTENDEE CAN SIGN ABOVE. IF ATTENDEE IS UNDER 18 YEARS OLD, PARENT/LEGAL GUARDIAN MUST SIGN BELOW.**

Parent/Legal Guardian Name: _____
(please print)

Parent/Legal guardian signature: _____

Date: _____ Emergency Phone #: _____