

The Oxford Presbyterian Women Women's Retreat will be April 5th-7th of 2019

We'll be venturing to a new location, in the beautiful countryside of Elverson, PA to

St. Mary's of Providence Center

Invite friends, family and join us for a special weekend in God's beautiful scenery!

"Find rest, O my soul, in God alone." (Psalm 62:5)



Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact During Retreat: _____

Roommate: _____

Overnight Retreaters

2 overnights & 5 meals (double occupancy).....\$150 _____

Commuter Options

All Weekend (Includes 5 meals/no lodging).....\$70 _____

Saturday ONLY (Includes 3 meals/no lodging)...\$50 _____

+ Donation or - Scholarship amount: _____

GRAND TOTAL DUE: _____

PLEASE MAKE CHECKS PAYABLE TO "OPW"

Scholarship Information

The Kathy Stullken Memorial Retreat Scholarship Fund was established to help subsidize registration fees for women who would not otherwise be able to attend the retreat. If you would like to contribute to this fund, note the amount of your donation here: _____

If you would like to attend the retreat, but feel that the cost would create a financial hardship for you, please let us know.

Funds are available to assist you with all or a portion of the fee, and all requests are kept completely confidential.

Scholarship amount needed: _____

Return form AND payment in a sealed envelope to Mollie Hearne's church mailbox or mail to
6 Pine Street, Oxford, PA 19363 attn. Mollie Hearne

Any questions please contact Mollie @
mhearne87@gmail.com or (610) 425-8389

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully

I recognize and acknowledge that there are certain risks of physical injury inherent in my activities on property owned by St. Mary of Providence Center, and I agree to assume (subject to the limitation in the third paragraph below) the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with use of this property.

I hereby waive and relinquish all claims I may have against St. Mary of Providence Center, and its officers, agents, employees and volunteers as a result of my use of their property except for misconduct of St. Mary of Providence center or its officers, legal representatives, agents or employees.

I further agree to indemnify, hold harmless and defend St. Mary of Providence Center, its officers, agents, employees and volunteers from any and all claims resulting from injuries including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities on their property except for claims that may arise because of the sole negligence, gross negligence, or willful and wanton misconduct of St. Mary of Providence Center or its officers, legal representatives, agents or employees. This agreement also pertains to the individuals who are invited by me onto the property owned by St. Mary of Providence Center.

I have read and fully understand this Waiver and Release of All Claims form:

Signature

Date

Please print your name