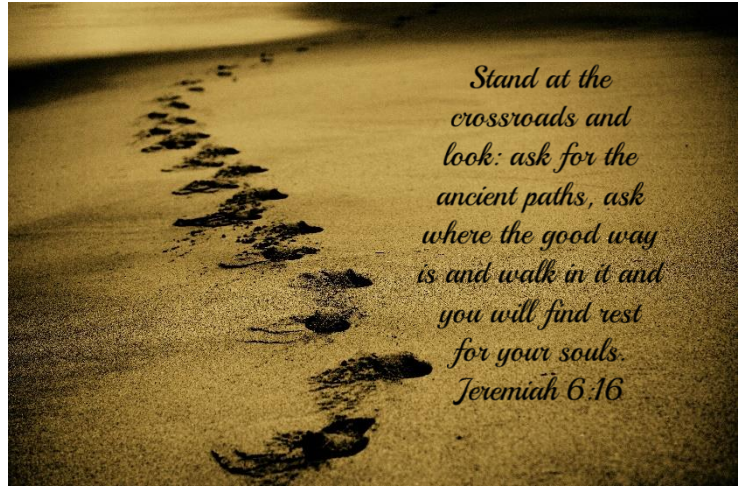


Oxford Presbyterian Women Women's Retreat May 1 – 3, 2020

Please join us as we begin to study the many paths our
journeys have taken us in the beautiful countryside of
Elverson, PA at

St. Mary's of Providence Center



Name: _____

Email: _____ Phone: _____

Emergency Contact Name & Phone Number: _____

Roommate if known. (If not a roommate will be assigned): _____

Overnight Retreaters

2 Nights, 5 meals, double room - \$155 _____

2 Nights, 5 meals, single room - \$185 _____

Commuter Options

All weekend (5 meals, no lodging) - \$70 _____

Saturday only (3 meals, no lodging) - \$40 _____

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 please 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 OPW can help. Funds are available to assist you with all or a portion of the fee and all requests are kept completely confidential. Please indicate the amount of scholarship money needed here. _____

TOTAL: _____

Please make checks payable to "OPW"

Return form and payment in a sealed envelope to Alison Verbanas' church mailbox or mail to 6 Pine Street, Oxford, PA 19363

If you have any additional questions please contact Ali Verbanas at averbanas@gmail.com, 484-343-5889 (please give your name when texting), or visit www.oxfordpresbyterian.org and click on "Connecting with Each Other" and visit the Women's Retreat page.

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 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.

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