



Keryx In Community

United Methodist Church

115 E Church St
Pickford, MI 49774

Candidate Application Form

2020

Men's weekend:
October 1 - 4

Women's weekend:
September 24 - 27

Please verify the dates of the event you are registering for at the website:
keryxic.org/attend

Please arrive at the Church by 6 PM on the first day -event starts at 6:30. Thank you!

I am registering for:

Men's weekend (October 1 - 4, 2020)

Women's weekend (September 24 - 27, 2020)

Name: _____

Address: _____

City, State Zip Code: _____

Phone #: home _____ cell _____ do you text message? Y / N

E-Mail Address: _____

Do you have a home church? Y / N Name of church: _____

Is someone sponsoring you this weekend? Y / N Name: _____

Is your spouse planning on attending a weekend? Y / N / Maybe Name: _____

Do you have any special food requirements or Food Allergies? (Please List)

Do you have any special medication regimens that we need to be aware of? Y / N (Please List)

Are there any other special provisions that you need to stay and enjoy this Keryx weekend?

To help defray the costs of the weekend, there is a SUGGESTED fee of \$50.00. Checks should be made out to **'U.P. Keryx in Community'**. Scholarship funds are generally available; please don't let the cost keep you from attending. Applications and payment may be brought to the weekend or sent to the address below. For questions or to request more information, please e-mail: upkic-info@keryxic.org

U.P. KIC
% John Matteson
W3669 Rogers Road
Moran, MI 49760

Release Form for Media Recording

*** Agreement to this release form is not mandatory, nor a prerequisite for attending any of our events. ***

I, the undersigned, do hereby consent to and agree that Keryx Ministry, its employees, or agents have the right to take analog/digital photo, video, and/or audio recordings and to use these in any and all media, now or hereafter known or unknown. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Keryx Ministry, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Keryx Ministry is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Witness for the undersigned

Signature

Date

I, the undersigned, ***do not*** consent to the use of my image or likeness by any means or in any form by Keryx Ministry, its employees, or agents for any public use.

Name

Signature

Date