

2019 New Mexico Muslim Women's Association Retreat REGISTRATION FORM

Please Print

Please make payment payable to **Kathy Ahghar**, then send to **NMMWA Retreat, c/o Kathy Ahghar, 10804 Florence Ave NE, Albuquerque, NM 87122.**

Questions? Call (505) 550-1578 or e-mail: womensretreat@darlislam.org.

- **Registration fee is non-refundable.**
- Due to limited space and food planning, **NO ON-SITE REGISTRATION***.
- **Registration deadline is September 1, 2019.**

Name(s): _____

Mailing Address: _____

Best contact phone: _____

Email: _____

Dietary Restrictions _____

I have the following medical issues that should be considered in the event of a medical emergency:

Who should we contact in an emergency? _____

	Registration (Postmarked by 8/15/18)	Late Registration (after August 1, 2019)	
Adults	\$190	\$215	_____
Youth (ages 12-21)	\$145	\$170	_____
Seniors (65+)	\$145	\$170	_____
Donations/Sadaqa/Scholarships:			_____
Total Enclosed			_____

If possible, will you be able to help with transportation from Albuquerque to Dar Islam? _____

If possible, are you interested in carpooling from Albuquerque to Dar Islam? _____

How did you hear about this retreat: Flyer/card Dar al Islam Web site Word of mouth

Other: _____

*Are you new to our retreats? We want you to feel welcomed. Would you like to be paired with an experienced retreat attendee to show you around and get you settled? _____

Confirmation packages will be sent out before August 31. Packets will include a "What to Bring" list, maps, and directions. ***No on-site registration. Unhappily, we will send you home. You must register before 9-01-2018.**

Year after year, many sister volunteers donate their time to organize and pull together the women’s retreat. They are excited to welcome you to Abiquiu and Dar al Islam. Their hope and prayer is to have a wonderful, spiritual weekend full of conversation and fellowship. Abiquiu’s breathtaking landscapes are wild and rugged. All the volunteers will do their best to insure a safe and enjoyable weekend. The retreat hikes go through astonishing white rock formations where the paths are rocky and uneven. The area is abundant with wildlife including rabbits, snakes, hawks, lizards, mice, spiders and flies.

Although, as volunteers coming together in the name of Islam, they have held 23 retreats without incident, it is important that you understand this is an isolated, natural location with all hazards that are expected in a wild and rugged location. With that understanding, they ask that you sign and agree to the following:

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I understand that the retreat is an event put on by volunteers that come together in the name of Islam and for the love and service of God. The sisters that organize the event are all volunteers. If there are any funds left over after all expenses are paid, those funds are given to charities that support Muslim women around the world. In consideration of being allowed to participate in any way in the program, related events and activities, I hereby assume all of the risks of participating and/or volunteering in this activity or event.

It is my intention to fully assume all the risks associated with attending this event and this agreement shall be legally binding upon me personally, my heirs, successors, assigns, and legal representatives.

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability: The New Mexico Muslim Women’s Association and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in (A) from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I have the following medical issues to be considered in the event of a medical emergency:

Who should we contact in an emergency? _____

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature	Age	Signature Date
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Print Participant’s Name

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent/Guardian	Age	Signature Date
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Print Parent/Guardian's Name

Print Participant's Name