

## Registration Form

Print Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Any Medical History, allergies, drug reactions, etc that may be needed for medical treatment \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Method of Payment (check one): Cash \_\_\_ Check \_\_\_ (payable to Kona Faith Center)

Credit Card Payments can be made online ([konafaithcenter.org/womens-camp](http://konafaithcenter.org/womens-camp))

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Kona Faith Center should be informed immediately of any changes in the information .*

*This agreement is valid unless revoked in writing by the person (s) who sign it.*

### **Minor Participant:**

If legal parent (legal guardian) is not available contact:

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Signature of both Parents/Legal Guardians if possible:

Parents/Legal Guardians 1: \_\_\_\_\_ Date \_\_\_\_\_

Parents/Legal Guardians 2: \_\_\_\_\_ Date \_\_\_\_\_

I agree to discuss the rules with my child as a condition of participation in this event.

Initial 1 \_\_\_\_\_ Initial 2 \_\_\_\_\_

*Please complete both sides.*



*"My message and my preaching were not with wise and persuasive words, but with a demonstration of the Spirit's power, so that your faith might not rest on human wisdom, but on God's power."*

*1 Corinthians 2:4-5 NIV*

# Women's Camp 2026

**October 7<sup>th</sup> - 10<sup>th</sup>**

Kilauea Military Camp (KMC)

KONA FAITH CENTER, INC.

ACCIDENT/INJURY RELEASE, WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND ASSUMPTION OF RISK

Aloha God's precious woman, I want to invite you to this year's 2026 Women's Camp because you have been created "For such a time as this". I pray this will be a time of refreshing, renewal, and revival for you as you spend time with God and other precious women. Come prayed up and ready to receive God's power that will enable you to go out and harvest for His Kingdom.

-Pastor Kamaile

Date & Time (subject to change)

Wednesday

Registration: 4-6pm
Meeting 7pm

Thursday-Friday

Prayer: 8am
Meeting: 9am
Dinner: 5pm
Prayer: 6pm
Meeting: 7pm

Saturday

Prayer: 8am
Meeting: 9-11am

Prepare for offerings at evening services.

Cost

\$25. non-refundable registration fee due by 5/10/2026 to reserve your place @ camp.

Early Bird discount: \$25 due by 5/10
\$113 due by 7/12
\$112 due by 8/16
\$250 total

Normal fee: \$280 due by 8/16

Includes: room, gift, t-shirt, sessions, dinner included Thursday & Friday night (Wednesday dinner, breakfasts, snacks & lunches are on your own)

What to Bring

Warm clothes, (bedding & towels provided), Bible, something to write with, toiletries, and food.

Payment may be submitted by scanning QR code, mail or by dropping it off at the church office. Please ensure it is in a properly marked envelope for identification. Please do not put in the offering bucket.



Kona Faith Center
ATTN: Women's Camp
P.O. Box 385 Kealahou HI, 96750

Name of Event: Women's Camp
Date of Event: October 7th - 10th, 2026
Time: 4pm Wednesday-noon Saturday
Place: Kilauea Military Camp (KMC)

1. I sign this waiver voluntarily with the understanding that I cannot participate without agreement to the terms and conditions that follow. As a parent or guardian I sign for my minor child under 18.

2. I shall conform to all applicable policies, rules, regulations, and standards of conduct established by the State/County of Hawaii, and Kona Faith Center, Inc. and will not participate in any illegal activity.

3. I shall accept termination of my participation in this event if I fail to maintain acceptable standards of conduct as established by Kona Faith Center, Inc. and the State/County of Hawaii.

4. In consideration of my participation in Women's Camp and other valuable considerations, the receipt of which is acknowledged, I hereby accept all risk of my health and of my injury or death that may result from such participation and I hereby release, waive, discharge and covenant not to sue Kona Faith Center, Inc., their directors, officers, employees, volunteers, and agents (hereinafter referred to as "Releasees") from all liability to me, my personal representatives, assigns, heirs, next of kin or anyone else for any loss or damage in any claim or demands therefore, on account of property damage, personal injury or death, whether caused by the negligence of the Releasees or otherwise, arising out of any activity related to this event, including travel to and from this event to the fullest extent permitted by law.

Initial \_\_\_\_\_

5. Kona Faith Center, Inc. Releasees are not responsible for the administration of any medications to the Participant during this event. The Releasees are not responsible for any adverse reactions that may occur from taking any personal medications.

6. I agree to indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage or cost that they may incur due to my participation in this event, including travel to and from this event.

7. I hereby assume full responsibility and risk of bodily injury, death or property damage arising out of participation in this event as named above. I understand that there are certain risks that may occur both known and unknown including but not limited to: exposure to personal injury; accident or illness; forces of nature. Initial \_\_\_\_\_

8. I further agree that the foregoing Release, Waiver, Indemnity Agreement, and Assumption of Risk is intended to be as broad and inclusive as possible, yet there may be unforeseen risks and will not hold the Releasees responsible in any manner.

9. I hereby grant permission for the performance of any first aid and/or emergency medical treatment that may be required in the case of an accident wherein I am rendered unconscious or unable to approve of the required medical treatment. In the event that I become the victim of an accident I will hold harmless from any liability or negligent actions which may arise in connection with the search and rescue, stabilization, evacuation, transportation, and emergency care I receive while secondary aid resources are being sought.

10. I hereby agree to permit Kona Faith Center, Inc. agents, employees, volunteers, directors, officers, and other guests to take photographs (still or live) and make film records of this event without further recourse. I understand such photographs and/or film may be used for commercial and/or promotional purposes. Initial \_\_\_\_\_

11. I have read and voluntarily signed the Release, Waiver, Indemnity Agreement, and Assumption of Risk. Initial \_\_\_\_\_

This event as named above includes activities involving risks or injury. I understand that activities will involve participation in exercises that are, by their nature, physically demanding and will subject the participant to stress, anxiety and possible hazards, not all of which can be foreseen. In this event the following activities will be offered.

Please initial the activities that are acceptable to participate in:

- 1. Prayer / Slain in the Spirit Initial \_\_\_\_\_
2. All free time activities Initial \_\_\_\_\_
3. Driving to, during, & from Kilauea Military Camp (KMC) Initial \_\_\_\_\_

I hereby acknowledge & state that my participation in this activity is entered into as a free & voluntary act with full & complete knowledge of the risks involved. Initial \_\_\_\_\_

In addition, in case of accident or need for medical attention, I give permission to Kona Faith Center, Inc. representatives to take named participant to a doctor and/or emergency facility. It is understood that all expenses for treatment provided will be borne by the parent, guardian or the participant with no cost to Kona Faith Center, Inc.

Continue on back side.