<b>CONFERENCE REGISTRATION</b>					
Event:	Hearts Going Toward Wellness Co Date: 16453 E. Clark Rd. Palmer, Alaska Cost: \$300 room/meals - \$100 mea Use cor	99645	Contact: Lydia Wood Home: 907-746-4981 Cell: (907) 982-7695 Email: wood.lydia.g@gmail.com plarship assistance		
	PERSON	AL INFORMAT	<b>O</b> N (Please Print Clearly)		
Legal N	lame:		Eemale 🔲 Male		
Name y	ou would like shown on your na	me tag:			
Ethnici	ty: 🔲 Alaska Native 🗌 Ameri	can Indian 🔲 White 🔲 🤇	Other:		
Marital	Status:	Age:			
Addres	s:				
			Zip:		
Daytim	e Phone: ()	Evening Phone:	()		
Email A	Address:				
Church	Denomination:				
Other's directio Note: O flying in	Participants in the Anchorage area flying in should schedule to arrive ns attached) outside Palmer around Once your application is received an a transportation from Anchorage to will need ground transportation to P	in Anchorage prior to or day 4 4:00 pm of the first day of the dapproved, you will be contac Palmer will be provided. Palmer? yes no	own transportation, unless otherwise pre-arranged. of registration. Plan to arrive at Lazy Mountain (map e conference to register. ted for your particular transportation need. For those		
		DGING INFORM			
Note: If	odging and meals will be provided you have special lodging needs, di advance for assistance. See conta	<u>iet concerns, etc. or if your flic</u>	Mountain. A detailed direction map is printed below. ht schedule requires an early arrival, please contact		
Please s	specify name of person you would pref	fer to room with:	Relationship?		
Please r	eturn these forms by mail to the addre	ess at the bottom of the application	n ASAP		
•		• • ney orders payable to " <mark>Alaska F</mark> i	RELEASE OF LIABILITY EMERGENCY RELEASE INFORMATION FORM reedom Journey".		

HEARTS GOING TOWARD WELLNESS

A non-refundable \$20 pre-registration fee will be charged to all participants. (Send with registration forms)
This pre-registration fee will hold your reservation (conference fee, room and meals), and the remaining conference fee of \$280.00 (\$100 for meals only) MUST be paid in full at time of registration. Contact us for scholarship assistance.

Hearts Going Toward Wellness Conference Contact: Lydia Wood (907) 982-7695 Director: Linda Ross (907) 952-2847

# HEARTS GOING TOWARD WELLNESS PRE-GROUP QUESTIONNAIRE

(Please Print Clearly)								
Last Name	e			_ First Nar	ne			_
Female	_ Male	Age	Marital S	tatus	Νι	mber of Chi	ildren	
City		State	Phone (	)		E-Mail		_
Church De	enominatio	n						
		olve being paired i seen ONLY by the a					respond to these questions.	Your answers will
1. Would	you like to be		r own gender, o	-			No preferenc	e:
2. Were yo	u wounded,	harmed or abuse	ed in any of the	following wa	ays?			
Domestic/S Emotional? Physical? Sexual? Spiritual? Verbal? Satanic Ritu	ial Abuse?	Yes No_ Yes No_ Yes No_ Yes No_ Yes No_ Yes No_ Yes No_	If yes, age If yes, age If yes, age If yes, age If yes, age If yes, age If yes, age	: Relati : Relati : Relati : Relati : Relati : Relati	onship of off onship of off onship of off onship of off onship of off onship of off	ender to you: ender to you: ender to you: ender to you: ender to you:		
		irst talk about yo						
Who did yo	u talk to?		What	was their re	sponse?			
•		y or professiona )?	-	•			_	
	•	ounseling? Yes <sub>-</sub> counseling, pleas	•		( )			
7. Have yo	u struggled v	vith any addiction	n/addictive beha	avior? Ye	S	No		
8. Are you	currently stru	iggling with any	addiction/addict	ive behavic	r? Yes		No	
9. Please e		answered Yes to	-					
Additional c	omments: _							

# **HEARTS GOING TOWARD WELLNESS EMERGENCY RELEASE INFORMATION**

(Please Print Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

If there is a medical/emotional emergency involving me, I release "Interact Ministries", "Alaska Freedom Journey", "Hearts Going Toward Wellness", and "LEaD Alaska" to contact:

#### EMERGENCY CONTACT INFORMATION

Name	Phone Number ()	
Relationship to you	Alternate Phone ()	
Address		
City Stat	e Zip	
And, if applicable:		
Name of friend/relative with you at	Hearts Going Toward Wellness	
Name	Relationship to you	_
Name of doctor		
Name	Phone ()	
MED	ICAL INFORMATION	
Please PRINT any allergies, medications, i		
Insurance Company		
Policy Number	Group Number	
Phone Number		
Name of Policy Holder		
Your Signature	Date	

### HEARTS GOING TOWARD WELLNESS

# **Release of Liability**

In consideration of my electing to and being able to participate in the small group ministry held at the Interact Ministries (IMI) Facility on Lazy Mountain in Palmer Alaska,

I, \_\_\_\_\_\_\_ (print name of participant), for myself, my heirs, executors, successors and assigns, hereby completely and unconditionally release and agree to defend, indemnify and hold Hearts Going Toward Wellness (HGTW), Interact Ministries Inc.(IMI), Alaska Freedom Journey (AFJ), and LEaD Alaska; each of them, and their respective boards, officers, executive team members, leaders, presenters, employees, and other representatives, from and against any and all claims, costs, causes of action, expenses, judgments, and liabilities of any kind whatsoever resulting from, arising out of, or in any way relating to:

(a) My participating in the small group ministry at the Lazy Mountain, Palmer AK facility.

(b) Any counseling or small and larger group sessions in which I may be involved which use any

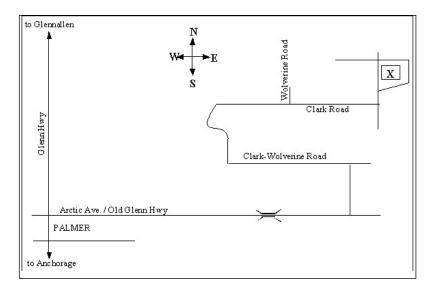
method's or materials (including audio/video/cd/dvd/personal stories) developed by HGTW, IMI, AFJ, LEaD AK. (c) My use of any information, methods or materials learned at or obtained through the small group ministry or the Hearts Going Toward Wellness Conference; or

(d) The actions or omissions of any family members, including but not limited to minor children, and close personal friends who accompany me to the place where the small group ministry is to take place, regardless of whether the family member or close personal friend participates in the ministry.

#### PLEASE SIGN AND FILL IN THIS FORM BELOW.

Name: (print)			
Signature:			
Date:			
Address:			
City and State:			
Zip code:			
Phone Number:			
Signature of Witness:			
Date:			

#### MAP/DIRECTIONS TO INTERACT MINISTRIES/ALASKA LAZY MT – HOSPITALITY FACILITIES 16453 E. Clark Rd. Palmer, Alaska 99645



Once you arrive in Palmer on the Glenn Highway, turn east (right) on Arctic Avenue, (there is a Fred Meyer gas station on the corner), also called the Old Glenn Highway. On Arctic Avenue/Old Glenn Highway you will go past the cemetery (on your left) and airport (on your right) at 7/10<sup>th</sup> of a mile, and then cross over the Matanuska River Bridge at 1.5 miles. At 2.4 miles you will turn left onto Clark-Wolverine Road, which is the second left after crossing the Matanuska River Bridge. (The first left is Robin Lane.) Turn left at the first T-intersection at 8/10<sup>th</sup> of a mile, turn right at the second T-intersection 1.5 miles. Continue on through the S-curves. After traveling 3 miles on Clark-Wolverine Road (after turning off from Arctic/Old Glenn) there is another intersection. Wolverine Road will turn left and Clark Road will continue straight ahead toward the mountains. Go straight ahead on Clark Road. After 1/4<sup>th</sup> mile you will see the Walter T. Phillips fire station on your left. When Clark Road comes to an end turn left onto InterAct Ministries' driveway.

You will see the InterAct Ministries sign on your right as you drive up the driveway. InterAct Ministries' Alaska Field Office is in the building to your right at the top of the hill.

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