



**WLA UMC's Manzanar Trip**  
 Sat – Sun, **March 26-27, 2022**



**Registration Form**

Please submit payment & forms to  
 West LA United Methodist Church  
 1913 Purdue Avenue ♦ Los Angeles, CA 90025  
 www.wlaumc.com ♦ 310-479-1379  
[westlaumc@gmail.com](mailto:westlaumc@gmail.com)

**Name.** Please complete a registration form for each person \_\_\_\_\_

**Registration Fee.** Please make check out to "West LA UMC" and note "**Manzanar 2022 Trip**" on your check.

	Per person (double occupancy)	+3rd, +4th person in same room (*kids <6yrs)	2 adults Total	Room w/4 Total (*w/kids<6)
Ride the Bus	\$250	+ \$180 (*+\$165)	\$500	\$860 (*\$830)
Drive your own car	\$120	+ \$50 (*+\$35)	\$240	\$340 (*\$310)

**Registration Check List**

Payment and Medical & Indemnity Release

- \_\_\_ I have enclosed my check made out to WLAUMC
- \_\_\_ I am making an additional donation of \$ \_\_\_\_\_ to Manzanar
- \_\_\_ My completed 2-page Health/Medical Information form and Authorization for Medical Treatment and Release/Indemnity form is attached. **Each person in your party requires their own form**

Saturday night Accommodations

- \_\_\_ I will share a room with \_\_\_\_\_
- \_\_\_ I am traveling alone, and  
 \_\_\_ would like to be assigned a roommate to qualify for the double occupancy price, OR  
 \_\_\_ wish to have a single room (single supplement +\$85 = \$335 total)
- \_\_\_ I require first floor accommodations, or \_\_\_ ADA accessible (handicapped) room

Transportation

- \_\_\_ I will ride the bus
- \_\_\_ I will not ride the bus. I will drive on my own

Sunday lunch from **Schat's Bakery** is included in your Trip Registration. Please check your Sandwich choice

- |                              |                           |
|------------------------------|---------------------------|
| ___ Turkey                   | ___ Peanut Butter & Jelly |
| ___ Turkey w/BLT & cranberry | ___ BLT w/avocado         |
| ___ Pastrami                 | ___ Veggie & Cheese       |
| ___ Roast Beef               | ___ Tuna Salad            |
| ___ Ham                      | ___ Egg Salad             |

Signature \_\_\_\_\_ . Date \_\_\_\_\_  
 email \_\_\_\_\_ . Phone# \_\_\_\_\_



In case of emergency, please contact:

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE/INDEMNITY**

I, the undersigned, and if I am a minor child (under 18 years of age,) my legal guardian acting on my behalf (together "I" or "me"), hereby acknowledge that I am voluntarily participating in the **Manzanar Trip 2022** (the "Event") and other church activities, and I authorize the West Los Angeles United Methodist Church ("Group") and its designated personnel and/or representative/s accompanying me and/or in attendance ("Group Personnel") to exercise his/her/joint or individual discretion and judgment in supervising myself while I participate in the official and sanctioned activities of the Group during the Event and in making such decisions as are necessary or appropriate to carry on such activities for the benefit and enjoyment of all Group participants, including myself.

Should such Group Personnel be unable to reach the contact person/s identified above at the number/s provided to authorize immediate aid to myself, then the Group Personnel is/are hereby authorized to make decisions of an emergency nature in the event of any actual or imminent risk of injury or peril concerning myself, and pertaining to my medical care or treatment during such Event activities or while in or about the facilities or areas controlled or being used by the Group.

Specifically, and without limitation, if the Contact Person/s is/are so unreachable, then the Group Personnel is/are hereby authorized to call an ambulance, paramedics, fire department or other medical-delivery service and/or to consult with my personal physician/s identified above, or if unreachable under the circumstances, any other doctor, nurse, EMT, hospital and/or other health-care provider, wherever and whenever I may suffer or have suffered such injuries or become subject to such threat of injury or peril to my person during such Event activities or about such Event facilities/areas.

I further agree to be fully responsible, to the exclusion of, and to indemnify and reimburse fully, to the Group, Group Personnel and its/their respective directors, officers, employees, personal representative, heirs, successors and assignees (together, the "Releasees"), as to any and all damages, injuries, fees and expenses incurred in any of the foregoing matters. I further agree not to sue, and irrevocably, unconditionally and entirely release, and hold the Releasees harmless from any and all claims, actions, liabilities, judgments, demands and obligations of any kind, in law or equity, whether known or unknown, that I ever had, now have or in the future may have against the Releasees in connection with any personal injury, death or property damage that I may sustain or incur, arising out of my participation in the Event. The foregoing release will be binding on me, my heirs, legal representatives, successors and assigns.

***\*If the participant is under 18 years old, their parent or legal guardian must sign on the right:***

I am the parent or legal guardian of the minor child signing to the left and I hereby consent to the foregoing on behalf of such minor child and personally join in the representations set forth above.

**PARTICIPANT**

**LEGAL GUARDIAN (for participants under 18 years old)**

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_ Signed Name \_\_\_\_\_

Date \_\_\_\_\_ Date. \_\_\_\_\_