



8383 Craig Street, Ste. 335  
 Indianapolis, IN 46250  
[www.fhlinternational.org](http://www.fhlinternational.org)

**FAITH, HOPE AND LOVE MISSION WEEK**  
**2010 Registration Form**  
**July 25-31, 2010**

*Pre-registration deadline is July 4, 2010 (Ensures T-Shirt Size)*  
*Same day registration available the week of Faith, Hope & Love*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Speak Spanish: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Add to FHL mailing list: Yes \_\_\_\_\_ No \_\_\_\_\_ Prefer: Email \_\_\_\_\_ Mailed \_\_\_\_\_

**Family Participants:**

Spouse: \_\_\_\_\_ Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Child: \_\_\_\_\_ Age: \_\_\_\_\_ Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Child: \_\_\_\_\_ Age: \_\_\_\_\_ Child: \_\_\_\_\_ Age: \_\_\_\_\_

Skill Set: (for example: cleaning, carpentry, painting, bus driver, electric, plumbing, flooring, musical)  
 Other: \_\_\_\_\_

Mission Days: 9:00 a.m. – 3:00 p.m. (Bring a sack lunch and see attached schedule for locations)  
 Individual cost: \$10  
 T-shirt cost: \$15 indicate size below (also covers some material costs for the projects)

Please indicate number of volunteers per day: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday  _____ Total Volunteers/week	T-Shirts (\$15.00 each) Indicate Quantity: Sm _____ XXXL _____ Med _____ Sm (Child) _____ Lg _____ Med (Child) _____ XL _____ Lg (Child) _____ XXL _____  Total T-shirts x \$15.00 = _____
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Make check payable to Faith Hope & Love Intl, and return this form with your payment to Faith Hope and Love:  
 8383 Craig St. Ste. 335 Indianapolis, IN 46250

Grand Total: \$ \_\_\_\_\_ (T-Shirt + Registration) Amount Paid \$ \_\_\_\_\_ Cash: \_\_\_\_\_ or Check # \_\_\_\_\_

Date: \_\_\_\_\_ Waiver Signed (backside): Yes \_\_\_\_\_ No \_\_\_\_\_

(OVER)

**WAIVER AND INDEMNITY:** *(please read and sign below)*

By affixing my/our signature to this form, I and all family members signed up to volunteer agree to participate as a volunteer with Faith, Hope and Love, and hereby waive any and all claims by me/our heirs and estate against Faith, Hope and Love International Inc. and its directors, officers, staff and volunteers for any and all liability, damage or expense from any accident, illness or injury that may happen to me/us by reason of my/our participation as a volunteer of Faith, Hope and Love. This waiver is made knowingly and voluntarily without coercion of any kind.

I/we acknowledge and agree to indemnify and hold Faith, Hope and Love International, Inc. and its directors, officers, staff and volunteers harmless from and against any and all liabilities, damages and expenses including attorney fees arising from my/our volunteer activities with Faith, Hope and Love International Inc. including the enforcement of this Waiver and Indemnity Agreement.

Volunteer Signature: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

***If under 18 years old signature of custodial parent or legal guardian required. Is/are child(ren) age 18 or older?***

***If Yes*** \_\_\_\_\_ ***(Child(ren)'s initials)***

***If No – Guardian's signature is needed below.***

***The undersigned hereby acknowledges and affirms that they are the custodial parent or legal guardian of the under age 18 volunteer(s) named above, and does hereby consent to the child(ren) serving as a volunteer(s) of Faith, Hope and Love. The undersigned does hereby further agree to be bound by the terms of this Waiver and Indemnity Agreement.***

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_