MAN TO MAN
MEN'S CONFERENCES

As Iron Sharpens Iron, So One Man Sharpens Another. Proverbs 27:17

MyEncounterMyFreedom.com | 941-720-1503

The Encounter — Registration Form

Personal Information

Full Legal Name: _____
Preferred Name: _____
Date of Birth: _____
Address: _____
City / State / Zip: _____
Cell Phone: _____
Email: _____

Church / Referral Information

Home Church / Ministry: _____
Pastor / Referring Leader: _____
How Did You Hear About Us?:
_____
Referred By: _____

Emergency Contact

Emergency Contact Name: _____
Relationship: _____
Emergency Contact Phone: _____
Secondary Contact: _____
(optional but recommended)

Recovery / Support Context

(Optional and confidential)
In a Recovery Program? (Y/N):
_____
Recovery Facility (if applicable):
_____
Case Manager / Sponsor Contact:
_____

Waivers & Consent

Liability Waiver Acknowledgment (Signature): _____
Photo / Video Release Consent (Y/N): _____
I consent for emergency medical treatment to be administered if I am unable to give consent in the moment. Initial: _____

Payment

Registration Fee: $50 — Payment Method: _____
Mail check to: Man to Man Men's Conferences, 5719 39th Street Cir. E., Bradenton, Florida 34203

Disclaimer & Waiver of Liability

By registering for and attending The Encounter, I acknowledge: this event includes physical activities, symbolic reenactments, and emotionally and spiritually intensive content, and participation is voluntary; I assume full responsibility for my own health and safety, and understand staff and volunteers are not medical professionals and are not responsible for pre-existing conditions; The Encounter is a Christian, faith-based event rooted in biblical principles, and I may decline any prayer, worship, confession, or ministry activity without penalty; I release Man to Man Men's Conferences, MyEncounterMyFreedom.com, its founders, staff, volunteers, and host facilities from liability for injury, loss, or damages arising from my attendance; and I understand this event is not a substitute for professional medical care, mental health treatment, or licensed addiction counseling, and any recovery-related information I share is voluntary and treated as confidential to the extent possible. I have read, understood, and voluntarily agree to the terms above.

Signature: _____ Date: _____
Parent / Guardian Signature (if attendee is under 18): _____ Date: _____