

the crossing @ birchwood
ACTIVITIES REGISTRATION - RELEASE FORM
(Please Print)

Participant

Name: _____

Address: _____

Phone: _____ e-mail: _____

Emergency Contact: _____ Phone: _____

Permission to Participate in the crossing @ birchwood (tc@b) Activities

To participate in various tc@b sponsored activities: I recognize the hazards inherent in trips to and from activities. I recognize that there is a significant element of risk in any indoor/outdoor sport or activity. Knowing the inherent risks and dangers and rigors involved in the activities, I choose to voluntarily accept responsibility and release the crossing @ birchwood from any and all injuries sustained while playing the sport or participating in the organized activity.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors from any and all claims, demands, or injury while participating in these activities.

This release of liability is good for the crossing @ birchwood activities for the 12 month period beginning Jan 1, _____ and ending Dec 31, _____.

(Signature)

(Date)