

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

Participant (Student)

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 outdoor, sport or activity. Knowing the inherent risks and dangers and rigors involved in the activities, I, the parent, 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 Oct 1, _____ and ending Sep 30, _____.

(Signature of Parent)

(Date)

Printed Name of Parent