

Adirondack Adventure 2019

Earth Spirit Educational Services, Inc.

P.O. Box 261

Orchard Park, NY 14127

716-941-6267

earth spirit

Registration Form

Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____

_____ Register me for the Adirondack Adventure 2019 trip!

_____ Enclosed is my \$300 deposit. (once the trip is a go, deposit is non-refundable)

_____ Enclosed is my \$650 total trip payment. (once the trip is a “go”, this is non-refundable)

_____ I have already paid or will be paying online at earthspiritedu.org/excursions/adirondack-expedition/

_____ Add me to the Earth Spirit Excursions email list for updates on future trips!

Waiver and Assumption of Risk:

This program is offered to healthy persons. It should not be construed as having curative effects nor should it be used as a source of therapy for any medical conditions without first obtaining clearance from a physician. I understand and agree to the refund policy which applies to the fee-based programs and I understand the alcohol policy of this experience. I hereby release Earth Spirit Educational Services, Inc., its employees, and agents from liability for injury, death or property loss suffered by me resulting from the ordinary negligence, its agents or employees in any way associated with participating in any and all activities now or in the future. I acknowledge that I know, understand and appreciate the inherent risks of outdoor pursuits. I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussions, paralysis and even death. By the execution of this agreement, I fully assume the inherent risks associated with outdoor activities and assert that I am voluntarily participating in such activities. I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand I am giving up substantial rights, including my right to compensation for injury. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for ordinary negligence to the greatest extent allowed by law.

Signature _____ Date _____

Signature of Parent or Guardian (if under 18 years old) _____