

Registration Form

RAFTING & ROCKS: A CANADIAN ADVENTURE



Earth Spirit Educational Services, Inc. P.O. Box 261 Orchard Park, NY 14127 716-941-6267

Please mail this form to the address above or complete and send digitally to programming@earthspiritedu.org

| NameD.O.B | | D.O.B |
|---|--|---|
| Address | | |
| City | State | Zip |
| | | ne |
| Email | | |
| Register me for the Raftin | ng & Rocks: A Canadian Adven | iture trip! |
| Enclosed is my \$299 full | trip payment*. (Check made pa | yable to "Earth Spirit Educational Services") |
| I have already paid or wil | l be paying online at earthspirite | edu.org |
| | *once the | trip is considered a "go", this is no longer refundabl |
| Waiver and Assumption of Ris | <u>k:</u> | |
| a source of therapy for any medical of to the refund policy which applies to employees, and agents from liability negligence, its agents or employees if I acknowledge that I know, understarrange from minor scrapes, strains and concussions, paralysis, and death. By outdoor activities and assert that I amindemnification agreement and fully right to compensation for injury. I act | conditions without first obtaining of fee-based programs. I hereby relea- for injury, death or property loss su an any way associated with participate and and appreciate the inherent risk dibruises to significant injuries such the execution of this agreement, I in voluntarily participating in such a understand its terms. I understand eknowledge that I am signing this a | as having curative effects nor should it be used a learance from a physician. I understand and agree ase Earth Spirit Educational Services, Inc., its affered by me resulting from the ordinary ting in any and all activities now or in the future. Is of outdoor pursuits. I know that these risks in as broken bones, eye injury or loss, fully assume the inherent risks associated with activities. I have read this waiver of liability and I am giving up substantial rights, including my greement freely and voluntarily, and intend my ridinary negligence to the greatest extent allowed |
| Signature | | Date |