



## Registration Form

First Name (printed) \_\_\_\_\_

Last Name (printed) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number (cell, number preferred) \_\_\_\_\_

Emergency Contact (required) \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Circle One:      Non-Member - \$25                      Member - \$20

- By signing this form, I release The Comal County Senior Citizens' Foundation (CCSCF) from all liability relating to injuries that may gis agreement, I agree to hold The Comal County Senior Citizens' Foundation (CCSCF) entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.
- I also acknowledge any risk associated in my involvement during my visiting, exercising, volunteering or attending trips. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.
- By signing below, I forfeit all right to bring a suit against The Comal County Senior Citizens' Foundation (CCSCF) for any reason. I will also make every effort to obey safety precautions. I will ask for clarification when needed.
- By signing below, I release the use of my photographed image for use in CCSCF materials and marketing.
- **Refund is not permitted after manifest has been sent to Lucky Eagle.**
- I fully understand and agree to the above terms.

Signature \_\_\_\_\_

7/11/16 ad



COMAL COUNTY SENIOR CITIZENS' FOUNDATION

*"Enriching the Lives of Aging Adults"*