



Registration Form

Full Name (printed) _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone Number (*cell number preferred*) _____

Emergency Contact (required) _____

Relationship _____

Emergency Contact Number _____

THIS FORM MUST BE COMPLETE, TO MEET REGISTRATION REQUIREMENTS

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 occur, 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 take full responsibility for 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.

Lucky Eagle Player Pass # _____ Email address _____

Signature _____

4/3/18 ad



COMAL COUNTY SENIOR CITIZENS' FOUNDATION

"Enriching the Lives of Aging Adults"