

HFCC Zoo Walk
Registration Form



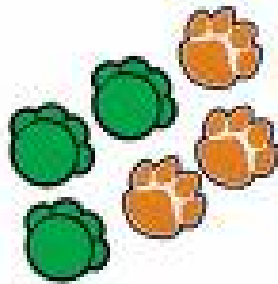
Name: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

E-mail Address: _____ Number of Walkers: _____

Names & Ages (if under 18) of Walkers: _____



of adults x \$15 = _____

of children x \$10 = _____

of children 4 and under _____

Total = _____

(check payable to Huron Forest Camp Cherith)

I understand that this activity involves walking outdoors which may include risks such as falls or weather effects. I hereby assume all risks involved with this activity and agree to hold Huron Forest Camp Cherith, its staff and volunteers not liable for any injury or other liability incurred while participating in this walk. I further understand that I am solely responsible for my own health and safety and that it is my responsibility to dress appropriately and that my signature below certifies that I am fit and healthy enough to participate in this activity. I give my permission for the organizers of this event to use my image as a participant in this event in photographs, video, or other recordings. If I choose to register or otherwise involve a minor under my care in this walk the same lack of liability extends to the minor participant.

Signature _____ Date _____