

Adventure Weekend For Building Rugged Gentlemen

Registration Form

_____ Name	_____ Age
_____ Address	_____ Email
_____ City / State	_____ Zip
_____ Phone	_____ Fax
_____ Emergency Contact	_____ Phone
_____ Health Insurance Carrier	_____ Policy #

Allergies and Medical Conditions

I understand that participating in this event, or allowing my child to participate is potentially hazardous and injury is always possible. I want my child to be challenged and I want him to be pushed so that he learns his limits. I will not participate or allow my child to participate unless I/he/she is medically able and physically fit. In consideration of the acceptance of this registration, I assume full and complete responsibility for all injuries or accident which may occur while I/he/she is traveling to and from the event, during the event, or while on the premises of the event. I am aware of and assume all risks associated with the event, including but not limited to falls, cuts, bruises, weather related risks, risks of using equipment, risks related to campfires, water related risks and food risks. I, for myself, my children, and my heirs and executors hereby waive, release and forever discharge the event organizers, guides, sponsors, promoters and all other persons associated with the event from all liabilities, claims, actions, or damages that I may have against them that arise out of or are connected with my or my child's participation in this event.

I understand that this waiver includes all claims, whether caused by negligence, the action or inaction of any of the above mentioned parties, or otherwise. I understand that this waiver applies to any additional entrants whom I have registered including minor children, for whom I am signing as parent or guardian. I understand the registration fee is non-refundable and non-transferrable. I hereby grant full permission to any and all of the above parties to seek emergency medical assistance for me or my minor child at my expense. I hereby grant permission to any and all of the event staff to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event that contains my image, likeness or recorded voice.

I agree to follow all instructions, orders, requirements, standards and regulations established and maintained by event staff.

Signature

Date

Signature of Guardian if Participant is under 18

Date

Please make checks made payable to Austin Building Company, Inc. Return completed form and payment to:

Austin Building Company, Inc.
145 Raven Hills Rd.
Colorado Springs, CO 80919