

WINDING TRAILS, INC. PROGRAM REGISTRATION & HOLD HARMLESS AGREEMENT

I recognize that there are certain risks of injury involved in members of my family participating in activities conducted at Winding Trails, Inc. Therefore, in consideration of members of my family participating in such activities, I do hereby, on behalf of myself and all members of my immediate family, indemnify, hold harmless, and release Winding Trails, Inc. and its employees and agents from all liability with respect to an injury received by me or any member of my family including but not limited to injuries or damages that occur, in whole or in part, as a result of the acts, omissions and/or negligence of Winding Trails and/or its agents, employees and volunteers.

Participant or/Guardian Name if under 18 years of age:		Participant or/Guardian Signature if under 18 years of age:		
Address:		Town:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	Email:	

Participant Name 1:	Grade:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
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List any Medical Conditions and/or medication:

Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____

Participant Name 2:	Grade:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
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List any Medical Conditions and/or medication:

Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____

Participant Name 3:	Grade:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
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List any Medical Conditions and/or medication:

Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____
Program:	Session:	Level:	Time:	Fee: \$ _____

Comments / Additional Information:

The Trails Fund: If you wish to donate please specify where you would like your monies to go to by checking the appropriate box. <input type="checkbox"/> Campership <input type="checkbox"/> Environmental <input type="checkbox"/> General Support	\$ _____
Total Due:	\$ _____

Payment Method:
 Check/Money Order Cash
 MasterCard/Visa/Discover/Amex Minimum Charge is \$25.00
 Card #: _____ EXP Date: _____

Name as it appears on _____
 Credit Card: _____ Signature(required): _____

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon to perform the obligations set forth in the Cardholder's agreement with the Issuer.

**Print Form: Mail to: 50 Winding Trails Drive, Farmington Ct 06032. Or Drop off: Main Office. Or Fax to: (860)676-9407
DO NOT EMAIL THIS FORM**