



## Registration Form

**Event:** August 16, 2018 Mindfulness at the Museum

**Name of child:** \_\_\_\_\_

**Age:** \_\_\_\_\_

Would you like to receive info about  
upcoming programs & events?

**Email:** \_\_\_\_\_

I agree that the said child may appear in photographs and/or videos which may be used to promote the Timber Village Museum and its events. Yes \_\_\_\_\_ No \_\_\_\_\_ (initial)

If initialed yes, I further grant the Timber Village Museum and any organization conducting this event, and/or agents authorized by them, the right and permission forever to copyright, use, re-use, publish, and republish and photographs, videotapes, motion pictures, audio recordings, or any other record of this event in which I or my child may be included, for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

I, the undersigned, enter and participate in this event certifying that I will assume any and all risks associated with participating in this event, including but not limited to: falls, contact with participants, the effects of weather including high heat and/or humidity, the condition of the Timber Village Museum and activity stations. Knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators, legal representatives or assigns, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, discharge, and agree to hold harmless the Timber Village Museum and the Corporation of the Town of Blind River, their associates, the counties, cities, and villages in which the event is conducted; Town officials; volunteers; any and all sponsors, including their agents, employees, assigns, or anyone acting for or on their behalf; and any other organization or person associated with the event from any and all claims or liability from, but not limited to: death, personal injury, property damage, or any other incident of any kind or nature arising out of, or in the course of, my participation in this event.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, know or unknown, for perpetuity.

I hereby attest that I have read and understood all of the above information and certify that I am the said participant's parent or legal guardian, or that I have express permission from the necessary parties to sign on behalf of the said participant and take full responsibility for them and their actions.

**All Fields Required**

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Name of Parent or Guardian (Please Print)

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Address

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Telephone Number

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Signature of Parent or Guardian

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Date