

Spider Hill Dead N Breakfast Registration – September 23-24, 2017

Name _____ Phone H _____ C _____

Address _____ City _____ State _____ Zip _____

Age _____ In case of Emergency please contact: _____ Phone _____

Relationship: _____ Address _____

Enclosed is my payment of \$79.00 as reservation and payment in full to participate in Dead N Break at Three Sisters Park on September 23-24, 2017. I understand that no spot will be reserved for me until payment in full and this signed form is received by Three Sisters Park. Cost will be \$89.00 after 9/15/17.

Waiver & Release of all Claims, Assumption of Risk, and Release for Medical Treatment

Please read this from carefully. Be aware that in signing, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you may sustain as a result of participating in the Dead N Breakfast camping event at Three Sisters Park.

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume full responsibility of any injuries, including death, damages or loss I may incur on account of participation in the Dead N Breakfast event at Three Sisters Park.

I am aware that Dead N Breakfast is an all-night camping event taking place in primitive camping and wooded areas at Three Sisters Park. As such, I will be exposed to darkness, weather, thick underbrush, timber, and all the possible dangers or hazards that such exposure may present such as, but not limited to, uneven grounds, wet grounds, heavy foliage, roots, tree branches, poison ivy and similar things found in primitive wooded areas. The event will include Halloween type events, scares, and games which may cause me to run in the dark, startle me and increase the possible hazards presented by staying out all night in the primitive areas.

I do hereby fully waive, release and discharge Three Sisters Park/SLG Cohen Foundation, Inc. (Including its board members, officers, employees, volunteers and agents) from any and all claims from injuries, including death, damage or loss which I may have, or which may accrue to me on account of participation in the event.

In the event of an emergency, I authorize Three Sisters Park officials to secure from any licensed hospital, physician and/or medical personnel or Good Samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I hereby certify that I am 18 years old or older and that I have read and fully understand the above description and details of the Dead N Breakfast event, Waiver & Release of all Claims, Assumption of Risk, and Release for Medical Treatment. If registering online or via fax, my online facsimile signature or acknowledgement shall substitute for and have the same legal effects as an original signature.

In addition, I hereby consent to the use of my photograph in Three Sisters Park brochures, publications, slide presentations, etc.

Signature _____ Date _____ Email _____

Please return to:
Three Sisters Park
17189 N. Rt. 29
Chillicothe, IL 61523
ncassidy@threesisterspark.com
309-274-8837

I Have A Group or Partners Consisting Of: *

*** Your group or partners will not be considered enrolled until this form and payment is received from each of them**