

Ancestral Wisdom Bridge Foundation Event Registration

Contact Information

Name	
Street Address	
City/ St / ZIP Code	
Primary Phone	
Secondary Phone	
E-Mail Address	
<input type="checkbox"/> Add me to mailing list	

Event Participants

Family of 2 or more deduct 10% discount off event fees; 13 -17 are 50% off; children under 12 are free. List all members attending, use a separate sheet if necessary.

Member # 1 _____ Member # 2 _____
 Member # 3 _____ Member # 4 _____

Indicate any dietary requirements or health notifications

We are not able to support vegans.

Event Details

Which event (s) are you attending? Use separate sheet if necessary.

Event name	Date	Cost

Subtotal Event Fees _____
 Discount _____
Total Event Fees _____

Lodging

Select lodging options for all participants. You are responsible for making arrangements for lodging off-site.

Location	Length of stay	Cost/per person
Cabin	x \$20	
Lodge	x \$10	
Large Tent Platform (sleeps 6)	x \$8	
Small Tent Platform (sleeps 2)	x \$4	
Bring-your-own tent		FREE
Total Lodging Costs		\$ _____

Person to Notify in Case of Emergency

Name	
Street Address	
City/St/ ZIP Code	
Primary Phone	
Secondary Phone	
E-Mail Address	

Agreement and Signature

By submitting this registration, I have read the terms and conditions below.

Name (printed)	
Signature	
Date	

Total Cost for this Registration

Event Fees _____ + **Lodging** _____ = \$ _____

Submit Your Registration

Check/Money Order

Make payable to: **Ancestral Wisdom Bridge Foundation**

Mail: Ancestral Wisdom Bridge Foundation

Attention: Event Director

P O Box 82, Cherry Plain, NY 12040

Credit Card

Pay online at www.eastcoastvillage.org or call **518-658-0122**

TERMS & CONDITIONS

1. Release of Liability: I _____ understand that I am registering for participation in a event or activity hosted by the Ancestral Wisdom Bridge Foundation, which may involve physical, emotional, and psychological activity and that in case of such an undertaking there is always a risk involved. I understand that the Ancestral Wisdom Bridge Foundation does not provide medical care and that I am therefore responsible for assessing the risk any activity poses to me, and choosing a safe course of action for myself.

I hereby hold harmless and release and forever discharge the Ancestral Wisdom Bridge Foundation, its officers, employees and agents, and any other people officially connected with this event or activity, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I understand that this and all other Ancestral Wisdom Bridge Foundation events or activities are offered for educational purposes only and not for the purposes of treating or diagnosing any participant for any physical or mental condition or illness, and that I take full responsibility to consult with my health care provider.

I accept the Terms and Conditions

2. Photo/Recordings: I hereby grant the Ancestral Wisdom Bridge Foundation, its officers, employees, agents, and any other people officially connected with the Ancestral Wisdom Bridge Foundation, to use my likeness in a photograph for purposes of publicizing it's programs or for any other lawful purpose, including website entries, without payment or any other consideration.

I grant the Ancestral Wisdom Bridge Foundation publishing rights to works created during this event, including, but not limited to, audio and electronic recordings and transcripts. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I waive any right to royalties or other compensation arising or related to the use my photograph or recorded works.

I consent to the use of my Photos & Recordings

I do not consent the use of my Photos & Recordings

Signed by _____

Name: _____

Date: _____

This document is valid for 12 months from date signed.