Christmas Party @ Celt's

Thursday, December 3rd

$25

Name _____ -# Attending _____

Name_____ Amount Enclosed_____

Phone:_____ Cell: _____E-mail_____

Make check payable to***: Castle Rocker's Travel Club*** ***Check # _____***

RESERVATION DUE: November 25th

Mail to: JoAn Jensen or Drop off at the Castle Rock Bank
Castle Rock Bank :
Box 9
Farmington, MN 55024

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PLEASE RETURN ENTIRE PAGE

Waiver and Release: In consideration of participation in a class, trip, program, event or activity offered by the Castle Rocker's Club, I the below undersigned, agree to indemnify and hold the Castle Rocker's Club and The Castle Rock Bank, and their officers, agents and employees, volunteers, independent contractors and instructors harmless from and against any liability arising out of or connected in any way with my participation in a class, trip, program, event or activity; even though that liability may arise out of participation in a class, trip, program, event, or other activity and even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in a class, trip, or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for Castle Rock Bank or Castle Rocker's Club promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Under the Minnesota Government Data Practices Act (Minn. Stat. 13.548), your name, address, telephone number, and email are private data. You may choose not to provide some or all this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as newsletters, programs, cancellation information, etc. By signing below, you are consenting to allow registration information to be shared with Castle Rocker's staff and other registered program participants in order to administer this activity.

Signature: _____Date : _____

Signature: _____