

LearningQUEST Off-site Event Registration

This form must be completed for each participant (except for spouses, which may be on the same form)

Activity:

Date(s):

Send the completed form to event coordinator:

Member Name: _____

Spouse (if also attending) : _____

Mailing Address: _____

Phone # Home: _____ **Cell:** _____

Email address: _____

RELEASE OF LIABILITY AGREEMENT

I, the undersigned, acknowledge and understand that LearningQUEST and any member thereof is not responsible for my welfare or for any injuries, claims or losses arising from my participation in this activity. I therefore waive any and all claims or demands against LearningQUEST, its officers and directors, and its members for any injury, damage, or pecuniary loss due to participation in the above activity.

Signature

Date

Signature

Date

Name Printed

Name Printed

Emergency Information: Please list next of kin other than those traveling with you

Name

Phone

Address
