



RELEASE FORM

Name: _____

Date Of Birth: _____

Emergency Contact Name: _____

Emergency Contact Relation: _____

Emergency Contact Phone #: _____

Physician Name & Phone #: _____

Insurance Provider: _____ Group No: _____

Policy Number: _____ Insured's Name: _____

Do you have any known allergies (foods, medications, other)?

No ___ Yes ___ List: _____

Do you have any medical conditions that should be known to staff?

No ___ Yes ___ List: _____

What was the date of your last Tetanus shot? _____

MEDICAL RELEASE

This medical questionnaire is correct and complete to the best of my knowledge, and I am able to engage in all activities during the Wild Outdoor Women event, unless otherwise noted. I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being injured during any program participation. I give consent for the Warren County Conservation Board event staff to provide medical attention, transportation, and emergency medical services as warranted by the circumstances. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required.

LIABILITY RELEASE

If I am injured or suffer any illness while residing at and participating in the programs at the Wild Outdoor Women event, I agree to hold the WCCB, and other supporting organizations harmless of any said illness or injury. I further understand and agree to abide by the general rules of conduct prescribed for the guests of the workshop, and that violations may result in denial of privileges, forfeiture of all fees paid, charges to repair damages, and/or removal from the property.

PHOTO RELEASE

I give permission for photographs, digital images, or videos to be taken of me while participating in the Warren County Conservation Wild Outdoor Women event. Photos from the event can be sent to you & may be used for marketing purposes for future WCCB events. Yes ___ No ___

I have read this release, I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing at and participating in the programs of the Warren County Conservation Board.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if minor): _____ Date: _____



REGISTRATION FORM

REGISTRATION & PAYMENT DEADLINE: JUNE 3, 2024

Name _____

Address _____

Phone # _____

E-mail _____

Session (write session letter in blank)	1st Choice	2nd Choice
One (A, B, or C)	_____	_____
Two (D, E, or F)	_____	_____
Three (G, H, or I)	_____	_____

Are you attending Friday night? Yes/No

Do you need a tent for Friday? Yes/No

Do you plan to make a T-Shirt(s) Friday night for \$20/shirt? Yes/No

If so, what size T-Shirt _____ and how many? _____

Do you have dietary restrictions? Yes/No

Dietary Comments: _____

Please Return with Payment to Reserve Your Spot

Registration fee is \$65

Make checks payable to WCCB

Checks are Nonrefundable

Pay online with a processing fee.

(To pay online email your registration form and note that you'd like to pay online to

KelseyL@warrencountyia.org)

Mail To: Warren County Conservation
15565 118th Avenue